


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000033119</b>	
1. Entity Name <b>SOUTHPOINTE SHOPPING CENTER OF SARASOTA, INC.</b>	

Principal Place of Business <b>2941 SEASONS BLVD SARASOTA, FL 34240</b>	Mailing Address <b>PO BOX 18419 SARASOTA, FL 34276</b>
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**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2ED34 (11/05)

4. FEI Number <b>65-0832230</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>INGANAMORT, MILFORD 2941 SEASONS BLVD. SARASOTA, FL 34240</b>
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAYGAN, ALI 85 SKYMARK #2203 TORONTO ONT. CAN.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAYGAN, NAHID 85 SKYMARK #2203 TORONTO ONT. CAN.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAYGAN, MOHAMMAD 85 SKYMARK #2203 TORONTO ONT. CAN.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000512168  
04/29/06-80081-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/12/06 941933-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #