

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90065 027 \*\*\*150.00

**DOCUMENT # P98000033119**

1. Entity Name  
**SOUTHPOINTE SHOPPING CENTER OF SARASOTA,  
INC.**



Principal Place of Business  
**2941 SEASONS BLVD  
SARASOTA, FL 34240**

Mailing Address  
**PO BOX 18419  
SARASOTA, FL 34276**

40062030



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0832230**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**INGANAMORT, MILFORD  
2941 SEASONS BLVD.  
SARASOTA, FL 34240**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07  
Date

941-922-4622  
Daytime Phone #