

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033119

FILED  
Mar 15, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2941 SEASONS BLVD  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18419  
SARASOTA, FL 34276

**New Mailing Address:**

**FEI Number:** 65-0832230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHAYGAN, ALI  
Address: 85 SKYMARK #2203  
City-St-Zip: TORONTO ONT. CAN.,

Title: D (X) Delete  
Name: SHAYGAN, NAHID  
Address: 85 SKYMARK #2203  
City-St-Zip: TORONTO ONT. CAN.,

Title: D (X) Delete  
Name: SHAYGAN, MOHAMMAD  
Address: 85 SKYMARK #2203  
City-St-Zip: TORONTO ONT. CAN.,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHAYGAN, MOHAMMAD  
Address: P.O. BOX 0823-01021  
City-St-Zip: PANAMA CITY, PA 01021 PA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MOHAMMAD SHAYGAN

P

03/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date