

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035166

FILED
Mar 15, 2008
Secretary of State

Entity Name: SOUTHPOINTE SHOPPING CENTER PARTNERS, 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: 65-0828805

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, MOHAMMAD
Address: 85 SKYMARK #2203
City-St-Zip: TORONTO ONT. CAN.,

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

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

Title: P (X) Delete
Name: SHAYGAN, REZA
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:

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