2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P98000067489

Entity Name: SOUTH POST, INC.

Current Principal Place of Business:

1000 NORTH HIATUS ROAD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1000 NORTH HIATUS ROAD
SUITE 330
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0855354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUITE 430
BOCA RATON, FL 33486 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: DVP ( ) Delete
Name: MILLER, LEONARD
Address: 1000 HIATUS RD, STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DVP ( ) Delete
Name: MILLER, ROBERT B
Address: 1000 NORTH HIATUS ROAD, STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DP ( ) Delete
Name: BENGER, ADOCPH
Address: 1000 NORTH HIATUS RD STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DVP ( ) Delete
Name: BERGER, HELENE
Address: 1000 NORTH HIATUS RD STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DS ( ) Delete
Name: MILLER, CORRINE
Address: 1000 NORTH HIATUS RD STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change ( ) Addition
Name: BERGER, ADOLPH
Address: 1000 NORTH HIATUS RD STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

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

Title: DS (X) Change ( ) Addition
Name: MILLER, CORINNE M
Address: 1000 NORTH HIATUS RD STE 100
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CORINNE M. COTT DS 04/29/2004

Electronic Signature of Signing Officer or Director Date