## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S11830

Name:

Address:

City-St-Zip:

MANDEL, ALAN

% 1114 FIRST AVE.

NEW YORK, NY 10021

SOUTH POINTE HOSPITALITY, INC.

FILED Jan 14, 2005 Secretary of State

Entity Nar	ne: SOUTH	POINTE HOSPITALITY, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	IGTON AVEN ACH, FL 3313				
Current Mailing Address:			New Mailing Address:		
	IGTON AVEN ACH, FL 3313				
FEI Number: 65-0224834 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name a				ddress of New Registered Agent:	
	IARK 68TH DRIVE D, FL 33076	US			
The above in the State	named entity e of Florida.	submits this statement for the pur	pose of changing its	registered office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Agent		Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( STILLMAN, AL % 1114 FIRST NEW YORK, N	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( DUNN, JAMES % 1114 FIRST NEW YORK, N	AVENUE	Address: %	O (X) Change()Addition MANDEL, ALAN 6 1114 FIRST AVE IEW YORK, NY 10021	
Title <sup>.</sup>	D ()	() Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN MANDEL D 01/14/2005