

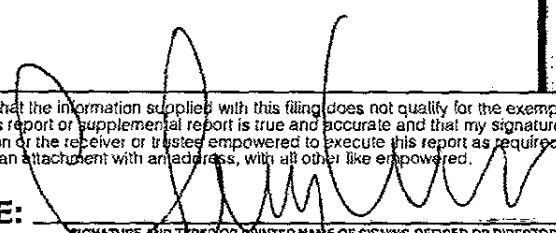


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S91959		
1. Entity Name SOUTHSIDE DEVELOPMENTS 93, INC.		
Principal Place of Business 3641 W KENNEDY BLVD SUITE A TAMPA, FL 33609 US		Mailing Address 3641 W KENNEDY BLVD SUITE A TAMPA, FL 33609 US
DO NOT WRITE IN THIS SPACE		
		 04072004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3094121 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARNETT, LESLIE J BARNETT, BOLT, KIRKWOOD & LONG 601 BAYSHORE BLVD STE 700 TAMPA, FL 33606		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000115853 04/16/04-80031-018 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEVY, CLIFF 4432 ST CROIX DRIVE TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVY, LINDA 4932 ST CROIX DRIVE TAMPA, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		CLIFF LEVY 4/12/04 (813) 33-2220 Date Daytime Phone #