


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 033 \*\*\*150.00

<b>DOCUMENT # V09437</b>		
1. Entity Name SOUTHPOINTE INTERNATIONAL PROPERTIES, INC.		

Principal Place of Business 18400 W. DIXIE HWY. STE D NO. MIAMI BCH., FL 33160 US	Mailing Address 18400 W. DIXIE HWY. STE D NO. MIAMI BCH., FL 33160 US
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2. Principal Place of Business - No P.O. Box # 19089 W. DIXIE HIGHWAY	3. Mailing Address 19089 W. DIXIE HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. MIAMI BEACH, FL	City & State N. MIAMI BEACH, FL
Zip 33180	Country US
Zip 33180	Country US

6. Name and Address of Current Registered Agent LANE, PAUL J 18400 W. DIXIE HWY. STE D NO. MIAMI BCH., FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19089 W. DIXIE HIGHWAY N. MIAMI BEACH FL Zip Code 33180	
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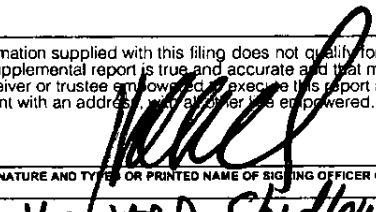
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIDLOWSKY, HOWARD 18400 W. DIXIE HWY. NO. MIAMI BCH., FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19089 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and that I am empowered.

SIGNATURE:  **HOWARD SHIDLOWSTY**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/9/08 Daytime Phone #: (305) 938-6533

40068692



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0322995	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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