


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # G00549**  
1. Entity Name  
SHOPPING CENTER INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
5533 WINDRIFT LANE      12203 STRICKLAND RD  
BOCA RATON, FL 33433 US      RALEIGH, NC 27613 US

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2238792	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  
  
POLITIS, JOHN  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433

**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.        \$5.00 May Be Added to Fees

U00000115560  
04/16/04-80029-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLITIS, JOHN 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLITIS, JO 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLITIS, AMANDA 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLITIS, JAMES 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: John Politis      PRESIDENT      4-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #