

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 225721**

1. Entity Name  
**WESTLAKE SHOPPING CENTER, INC.**



Principal Place of Business  
**2295 CORPOARATE BLVD. NW  
SUITE 131  
BOCA RATON, FL 33431 US**

Mailing Address  
**2295 CORPOARATE BLVD. NW  
SUITE 131  
BOCA RATON, FL 33431 US**

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-2582695**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOSEPH BARRY SCHIMMEL  
9400 S. DADELAND BLVD. SUITE 600  
MIAMI, FL 33156**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	GEIGER, JONATHAN G
STREET ADDRESS	9447 BENHURST AVE.
CITY-ST-ZIP	SAN DIEGO, CA 92122
TITLE	PD
NAME	KAHN, RONALD
STREET ADDRESS	45 KING STREET
CITY-ST-ZIP	OVERLIN, OH
TITLE	TD
NAME	GROSMAN, LEONARD
STREET ADDRESS	145 SIMONE DR
CITY-ST-ZIP	POUGHKEEPSIE, NY 12603
TITLE	D
NAME	GROSSMAN, DAVID
STREET ADDRESS	1752 WHITE WATER DR.
CITY-ST-ZIP	ROCHESTER, MI 48309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000660315  
03/19/07-80020-025 150.00

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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, with all other like empowered.

**SIGNATURE:**

*Leonard Grossman* **LEONARD GROSSMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/07**  
Date

**845-454-5329**  
Daytime Phone #