## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #700377** 1. Entity Name CENTRAL SHOPPING PLAZA MERCHANTS



**FILED** Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90019 009 \*\*\*\*61.25

ASSOCIATION, INC.																	
Principal Place of Business NW 7ST 37 AVE. MIAMI, FL 33126				Mailing Address 8 EBBONDIDO CIR UNIT 75 ALTAMONTE SPRINGS, FL 32701				11M 11/02 JAN (1771 AT	1 <b>- Fatil Altin Alt</b> in	Sin call fi	PATIFA BALANDA						
2. Principal Place of Business - No P.O. Box #				Mailing Address Di Do CIRCLE													
Suite, Apt. #, etc.			Š	Suite, Apt. #, etc.			01032007 Chg-NP CR2E037 (12/06)										
City & State			C	City & State			4. FEI Numbe 59-1005			<u> </u>	pplied For of Applicable						
Zip	Zip Country		Z	Zip Cox		intry	5. Certificate of Status Desired   \$8.75 Additional Fee Required										
	8. Name	and Address of Current		7. Name and	Address of New R	legistered A	gent										
NASH, CMD, MARTIN P 8 EBBONDIDO SIR ESCONDIDO CIRUZ						Name Street Address (P.O. Box Number is Not Acceptable)											
ALTAMONTE SPRINGS, FL 32701								·									
						City	<del>,</del>		FL	Zip Cod							
<ol> <li>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.</li> </ol>																	
SIGNATURE																	
	Signature, typed	or printed name of registered agent	and tille if ep	oplicable. (NOTI	E: Registere	d Agent signature required	when reinstating)		DATE								
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign F Trust Fund Contributi						. ~ ~	\$5.00 May Be Added to Fees	' I	ake check ida Departr								
10.		OFFICERS AND DI	RECTORS	Ŝ	11.	ΑΑ	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTORS IN	l 10						
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	ertify that the	intermation supplied with	this filing	does not qualify for			in Charater 119	Florida Statutes 11	lurther certify	that the in	formation						
12. I hereby certify that the intermedion supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental report is trule and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attractionary with a receiver or the corporation of the																	
J. A. 1800,		7	$\mathcal{H}_{r,I}$	7 44 0	14	# A/	crianged, or on an attack many year and accordess, wanted the compowered.										