04/19/2005 19:17 3053739731 LERMAN & LE

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90312 006 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 700407

1. Entity Name
NORTHSIDE SHOPPING CENTER MERCHANTS' ASSOCIATION, INC.

400069079

04192005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
149 WEST PLAZA, SUITE 234 MIAMI, FL 33147	149 WEST PLAZA, SUITE 234 MIAMI, FL 33147
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-0912219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LEMAY, JEFFREY S
149 WEST PLAZA, SUITE 234
MIAMI, FL 33147

7. Name and Address of New Registered Agent
Name: JOSE CENTENO
Street Address (P.O. Box Number is Not Acceptable): 149 West Plaza Ste 234
Miami
City FL Zip Code 33147

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

Filing Fee is $61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD QUINN, ROBERT H 149 WAS PLAZA SUITE 234 MIAMI, FL 33147	☒ Delete	STD JOSE CENTENO 149 West Plaza Suite 234 Miami FL 33147	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEMAY, JEFFREY S 149 W PLAZA SUITE 234 MIAMI, FL 33147	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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] 4-18-05 305-696-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #