


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 018 ****61.25

DOCUMENT # 713215 1. Entity Name LAUDERHILL MALL MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business 1267 NW 40 AVE LAUDERHILL, FL 33313 US	Mailing Address 1267 NW 40 AVE LAUDERHILL, FL 33313 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1166592	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

GRANET, LLOYD ESQ.
2295 NW CORPORATE BLVD.
STE 235
BOCA RATON, FL 33431

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

Filing Fee is \$61.25 Due by May 1, 2008	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROZENCWAIG, ISRAEL VACANT 1355A NW 40TH AVENUE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULTAN, LLOYD 1310/12 NW 40TH AVENUE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CYNTHIA G. 1267 NW 40TH AVE LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Lloyd Sultan Lloyd Sultan 3/20/08 954.581.2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #