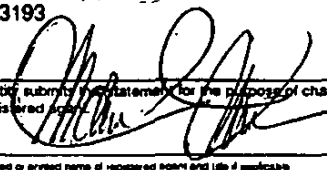
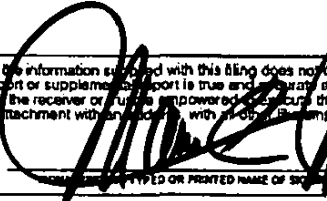


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 10, 2005 8:00 am
Secretary of State

04-29-2005 90219 045 ****61.25

DOCUMENT # 713453					
1. Entity Name WESTCHESTER SHOPPING CENTER MERCHANT'S ASSOCIATION, INC.					
Principal Place of Business SW 87 AVE + 24 ST MIAMI FL 33155			Mailing Address 6911 SW 147 AVE 3 B MIAMI FL 33193		
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 59-1319258	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, MARTIN P 6911 S.W. 147 AVE., #3B MIAMI FL 33193				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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, an officer or director of the corporation, am familiar with, and accept the obligations of registered agent.					
SIGNATURE  MARTIN P. NASH 5/23/05					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: 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	OV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	PAUL, JOSEPH			NAME	
STREET ADDRESS	825 S BAYSHORE DR			STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BROWN, GARY			NAME	
STREET ADDRESS	5901 SW 74 ST			STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	NASH, MARTIN P			NAME	
STREET ADDRESS	6911 S.W. 147 AVE., #3B			STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33193			CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information submitted 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 supplement to 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 affidavit with an officer or director.					
SIGNATURE:  MARTIN P. NASH 5/23/05					
Typed or printed name of signatory officer or director					
Date					
Daytime Phone #					