2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE: _

Jul 19, 2006 8:00 am Secretary of State 07-19-2006 90008 008 ***150.00 DOCUMENT # L38056 1. Entity Name BELTWAY SHOPPING CENTER, INC. 40100122 Principal Place of Business Mailing Address 2025 SW 2ND AVENUE P. O. BOX 450220 MIAMI, FL 33129 US MIAMI, FL 33245 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FELNumber 65-0162180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. DO NOT WRITE 1500 SAN, REMO AVENUE **SUITE 125** IN THIS SPACE CORAL GABLES, FL 33146 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE GINSBURG, DENNIS NAME STREET ADDRESS 1500 SAN REMO AVE. #125 CITY-ST-ZIP CORAL GABLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CtTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME

12. I hereby certify that the information 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 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 tike empowered.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Daytime Phone #

JOSE R. GOMEZ, C.F.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
1400 S.W. 27th AVE. • No. 102 • MIAMI, FL 33135

TEL. 305-644-1223 • FAX: 305-644-1228

40100193

July 11, 2006

Division of Corporation PO Box 6198 Tallahassee, FL 32314

RE: BELTWAY SHOPPING CENTER

DOCUMENT No.: L38056 FORM: ANNUAL REPORT

PERIOD: 2006

This letter is in regards to your notice of intent to dissolve, copy enclosed, for the above referenced taxpayer. Enclosed please find a copy of the annual report that was originally filed on a timely basis, and check for the tax due.

The report was mailed through the general mailing system. Due to some unforeseen circumstance not in our control, the form never arrived your offices. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

JOSE R. GOMEZ, C.P.A.

Enclosures

Member of: Florida Institute of Certified Public Accountants