


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90017 047 ***150.00

DOCUMENT # M35096					
1. Entity Name CALIFORNIA CLUB SHOPPING CENTER, INC.					
Principal Place of Business 17100 COLLINS STE 225 MIAMI BCH, FL 33160 US		Mailing Address 17100 COLLINS AVE STE 225 MIAMI BCH, FL 33160 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2705131	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R.K. ASSOCIATES 17100 COLLINS AVE STE 225 SUNNY ISLES, FL 33160			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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, SABRA		NAME		
STREET ADDRESS	17100 COLLINS AVE, STE 225		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, RAANAN		NAME	Katz, Raanan	
STREET ADDRESS	17100 COLLINS AVE, STE 225		STREET ADDRESS	17100 Collins Ave, Ste 225	
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE	VTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Katz, Daniel	
STREET ADDRESS			STREET ADDRESS	17100 Collins Ave, Ste 225	
CITY-ST-ZIP			CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Katz, David	
STREET ADDRESS			STREET ADDRESS	17100 Collins Ave, Ste 225	
CITY-ST-ZIP			CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 like empowered.					
SIGNATURE: _____		David Katz		2/15/06 305-919-4110	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	