

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M47130

1. Entity Name
KINGS BAY SHOPPING CENTER, INC.



Principal Place of Business
**% CLIFFORD L. SUCHMAN
1550 MADRUGA AVE., STE. 230
CORAL GABLES, FL 33146 US**

Mailing Address
**1550 MADRUGA AVENUE
230
CORAL GABLES, FL 33146 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2802451

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUCHMAN, CLIFFORD L.
1550 MADRUGA AVENUE
SUITE 230
CORAL GABLES, FL 33146**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000387774

01/18/06-80053-005-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUCHMAN, CLIFFORD L.
STREET ADDRESS 1550 MADRUGA AVENUE, STE. 230
CITY-ST-ZIP CORAL GABLES, FL

TITLE ASD
NAME SHELDON, MARVIN
STREET ADDRESS 6000 PARADISE POINT DR.
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME SLOANE, JACK
STREET ADDRESS 3105 S. MIAMI AVE.
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Jack A. Sloane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #