


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90237 014 ***158.75

DOCUMENT # M95996			
1. Entity Name CITY SHOPPING CENTERS, INC.			
Principal Place of Business 5660 - 5682 WASHINGTON ST. HOLLYWOOD, FL 33023 US		Mailing Address PO BOX 840306 PEMBROKE PINES, FL 33084 US	
2. Principal Place of Business 535 W. PIKE ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAWRENCEVILLE, GA		City & State	
Zip 30046	Country US	Zip	Country
4. FEI Number 59-1805852		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSTAMIAN, BEN 208 S. 28 AVE HOLLYWOOD, FL 33020		Name: BEN ROSTAMIAN Street Address (P.O. Box Number is Not Acceptable): 8359 BEACON BLVD SUITE 415 City: FT MYERS FL Zip Code: 33907	
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: BEN ROSTAMIAN		DATE: 04-30-2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PMST ROSTAMIAN, BEN 208 S 28 AVE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 BEACON BLVD #415 FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ROSTAMIAN, MANDANA 208 SOUTH 28 AVE. HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 BEACON BLVD #415 FT MYERS, FL 33907
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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 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: BEN ROSTAMIAN		Date: 04-30-2006 Daytime Phone #: 754-423-7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	