


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M95996**  
 1. Entity Name  
 CITY SHOPPING CENTERS, INC.



Principal Place of Business      Mailing Address  
 535 W PIKE ST                      PO BOX 840306  
 LAWRENCEVILLE, GA 30046 US      PEMBROKE PINES, FL 33084 US

**DO NOT WRITE IN THIS SPACE**



04232007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-1805852	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 ROSTAMIAN, BEN  
 8359 BEACON BLVD  
 SUITE 415  
 FORT MYERS, FL 33907

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**


9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMST ROSTAMIAN, BEN 8359 BEACON BLVD., #415 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ROSTAMIAN, MANDANA 8359 BEACON BLVD., #415 FORT MYERS, FL 33907
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 05/09/07-80118-003 150.00

**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:**       4-23-07      754-423-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #