2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # P0000018084 1. Enlity Name GREATER MIAMI SHOPPING CENTER INC.						Secret	tary of St	ate
Principal Place of Business Mailing Address								
1655 DREXE Suite 208	L AVE.	1655 DREXEL AVE. SUITE 208						
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139					7 18811881 100		r majeri (1881 (1811) mejer jerij	######################################
2. Principal P	3. Mailing Address							
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Suite, Apt #, etc.		Suite, Apt. #, etc.			04222004	Chg-P	CR2E034 (10/03)
City & State		City & State			4. FE) Number 65-098		J	Applied For Vot Applicable
Zip	Country	Zip Count		iry	5. Certificate	of Status Desired	S8.75 A	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
WASERSTEIN, CARLOS				Name				
1655 DREXEL AVE				Street Address (P.O. Box Number is Not Acceptable)				
STE 208 MIAMI BEACH, FL 33139								
	,			City	- · · ·		FL Zip Co	ıd ə
The above named entity submits this statement for the purpose of changing its registere				ed office or register	ed agent, or bot	th, in the State of Flo		h, and accept
the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO DEF	ICERS AND DIRECTO	RS IN 11
TITLE	PD	☐ Delete	TITLE		7.0011101.00	5/11/10/20 10 0/11	Change	
NAME STREET ADDRESS	WASERSTEIN, CARLOS		NAM c thi	ET ADDRESS		HOOOD	NCEMOA	
STREET ADDRESS CITY-ST-ZIP	1655 DREXEL AVE.SUITE 208 MIAMI BEACH, FL 33139			-SI-ZIP		05/05/04-)155424 -8003 <mark>8-003</mark> 1	58.75
TITLE	SD	☐ Delete	tiit.			· · · · · · · · · · · · · · · · · · ·	Change	
NAME STREET ADDRESS	WASENSTEIN, DANIEL 1655 DREXEL AVE STE 212		NAM STRE	E ET ADDRESS				
City-SY-ZIP	MIAMI BEACH, FL 33139			- ST-ZIP				
TITLE	-	☐ Delete	THT	Ė			Change	☐ Addition
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NAME STREET ADDRESS			NAM Stre	E E ADDRESS				
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CITY-ST-ZIP				-ST-ZIP				
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NAME STREET ADDRESS			NAM STRI	E ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	mption stated in Se	ection 1 (9.07(3)) same legal effec	i), Florida Statutes. I	further certify that the	information er or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplements 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 on disease ampowered 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 will an address, with all other like empowered.								