

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000018084

1. Entity Name
GREATER MIAMI SHOPPING CENTER INC.



Principal Place of Business
1655 DREXEL AVE.
SUITE 208
MIAMI BEACH, FL 33139

Mailing Address
1655 DREXEL AVE.
SUITE 208
MIAMI BEACH, FL 33139



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, CARLOS
1655 DREXEL AVE
STE 208
MIAMI BEACH, FL 33139

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WASERSTEIN, CARLOS
STREET ADDRESS	1655 DREXEL AVE. SUITE 208
CITY-STATE-ZIP	MIAMI BEACH, FL 33139

TITLE	SD
NAME	WASENSTEIN, DANIEL
STREET ADDRESS	1655 DREXEL AVE STE 212
CITY-STATE-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
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NAME	
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CITY-STATE-ZIP	

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05/15/06-80078-018 158.75

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305-672-7741
Date Daytime Phone #