

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084663

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: SHOPS AT COCONUT CREEK, INC.

**Current Principal Place of Business:**

6946 E. WEDGEWOOD AVENUE  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

6946 E. WEDGEWOOD AVENUE  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 65-1133032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOOMGARDEN, PAUL M  
PINE ISLAND COMMONS SUITE 208  
8551 WEST SUNRISE BLVD.  
FORT LAUDERDALE, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KHAN, SHOIB  
Address: 6946 E. WEDGEWOOD AVENUE  
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete  
Name: SIDDIQUI, NAFEES  
Address: 6946 E. WEDGEWOOD AVENUE  
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete  
Name: KHAN, NAJEEB U  
Address: 6946 E. WEDGEWOOD AVENUE  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAFEES SIDDIQUI

DIR

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date