2016 FOR PROFIT CORPORATION ANNUAL REPORT

P09000092698 DOCUMENT 1. Entity Name POTRERILLO SHOPPING CENTER INC 10 JUL -9 All 9:55 Principal Place of Business Mailing Address 1721 SW 32 Ave 3340 SW 16 Lane Miami, Fl 33145 Miami, Fl 33145 DO NOT WRITEIN THIS SPACE 4. FEI Number 27-1282617 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent E IDO NOT WRITE Alejandro Negrin Sr 3340 SW 16 Lane IN THIS SPACE Miami, Fl 33145 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. 000182577900 06/24/10--01034--003 **150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when registating \$5.00 May 90 197 11 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2010 Fee will be \$550,00 10. OFFICERS AND DIRECTORS TITLE Alejandro Negrin Sr 3340 SW 16 Lane Miami, Fl 33145 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-St-Zip TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the 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 supplemental report is five 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 trusted 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: SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

PS 2082 7-3-10

To DePartment of State

My New Mailing Add-is Syper Stardisount 10243 County Line Rd-Spring Hill-F-L-34608-

E. Mail-Add = Patel. 700771 @ yahoo.com