

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90054 030 ***150.00

DOCUMENT # P92000010408 1. Entity Name COUNTRY CLUB SHOPPING CENTER, INC.					
Principal Place of Business 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135			Mailing Address 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0374948	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALLS, FELIPE A SR. 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP VALLS, FELIPE A SR 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DE NAVARRA, CARLOS T 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENZO, DIMISE 3663 SW 8TH ST, THIRD FLOOR MIAMI, FL 33135		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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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: Carlos Torres de Navarra CARLOS TORRES DE NAVARRA VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



01312007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0374948

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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