2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000010408 05-01-2007 90054 030 ***150.00 COUNTRY CLUB SHOPPING CENTER, INC. Principal Place of Business Mailing Address 3663 S.W 8TH ST., 3RD FL 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01312007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0374948 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLS, FELIPE A SR. Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8TH ST., 3RD FL MIAMI, FL 33135 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Addition TITLE Change VALLS, FELIPE A SR NAME NAME STREET ADDRESS 3663 S.W. 8TH ST., 3RD FL STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIP CITY-ST-ZIP VS ☐ Delete Change Addition NAME DE NAVARRA, CARLOS T NAME 3663 S.W. 8TH ST., 3RD FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VINCENZO, DIMISE NAME NAME STREET ADDRESS 3663 SW 8TH ST, THIRD FLOOR STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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.

305-446-4916

4137/07

SIGNATURE: COULD TODE OF PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR DESCRIPTION DESCRIPTION DE PROPRIED DE PROPRI

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