


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # P93000067812**

1. Entity Name  
 I.C.I. SHOPPING CENTRES (FLORIDA), INC.



Principal Place of Business 3641 W. KENNEDY BLVD SUITE A TAMPA, FL 33609 US	Mailing Address 3641 W. KENNEDY BLVD SUITE A TAMPA, FL 33609 US
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0446278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J  
 BARNETT, BOLT, KIRKWOOD & LONG  
 601 BAYSHORE BLVD., STE 700  
 TAMPA, FL 33606

**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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEVY, CLIFF 4932 ST. CROIX DRIVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVY, LINDA 4932 ST. CROIX DRIVE TAMPA, FL 33629
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 04/24/07-80054-007 150.00

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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:** \_\_\_\_\_ **4/13/07** **(813) 353-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #