## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2007 08:00 AM **DOCUMENT # P94000048029 Secretary of State** SHOPPES OF HILLSBORO II, INC. Principal Place of Business Mailing Address 1357 SEMINOLE DR. 1357 SEMINOLE DR. FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0501640 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGER, ALLEN DO NOT WRITE 1357 SEMINOLE DRIVE FORT LAUDERDALE, FL 33304 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 Signature, typed or printed name of registered agent and title if applicable (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 10. OFFICERS AND DIRECTORS TITLE SINGER, ALLEN NAME STREET ADDRESS 1357 SEMINOLE DR FORT LAUDERDALE, FL 33304 CITY-ST-ZIP U00000588278 01/17/07-80066-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-73P TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 offer like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

17/

Daytime Phone #

**FILED**