


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000084239
 1. Entity Name
 FLORIDA SHOPPING CENTER, INC.



Principal Place of Business: 600-658 E 9 ST, HIALEAH, FL 33010 US
 Mailing Address: 1355 W 44TH PLACE, 100 - OFFICE, HIALEAH, FL 33012 US

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01052005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0870844 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, GARY V
 1230 N.W. 7 STREET
 MIAMI, FL 33125

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVY, SAM
STREET ADDRESS	5757 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	V
NAME	HAYUN, AMIR
STREET ADDRESS	1355 W 44TH PLACE, #100
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S
NAME	LEVY, STEVEN
STREET ADDRESS	5757 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	TD
NAME	LEVY, NINA
STREET ADDRESS	5757 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	HAYUN, DEBORAH
STREET ADDRESS	1355 W 44TH PLACE, #100
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/16/05-80042-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AMM Hayun DATE: 305-825-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #