

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 045 ***150.00

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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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-06

305-825-1763