

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State

04-24-2007 90019 016 ***150.00

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**

66019766



01032007 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/07

**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	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

SAM LEVY

Date

4/21/07

Daytime Phone #

305-825-1763

X104