

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 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



01072008 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, 2008 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

1-8 OR

305-825-1763 x64