


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S21916 1. Entity Name LAS VILLAS SHOPPING CENTER, INC.	
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Principal Place of Business 1655 DREXEL AVE. SUITE 208 MIAMI BEACH, FL 33139	Mailing Address 1655 DREXEL AVE. SUITE 208 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0242819	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, MORRIS
1655 DREXEL AVE.
SUITE 208
MIAMI BEACH, FL 33139

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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 _____ 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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000947295
06/02/08 00000 016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERG, JEFFREY 1655 DREXEL AVE #208 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERG, LILLIAN 1655 DREXEL AVE #208 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAPPORT, ROBERT 1655 DREXEL AVE #208 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #