

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000067812

**Entity Name:** I.C.I. SHOPPING CENTRES (FLORIDA), INC.

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC4884622883**

**Current Principal Place of Business:**

3641 W. KENNEDY BLVD  
SUITE A  
TAMPA, FL 33609

**Current Mailing Address:**

3641 W. KENNEDY BLVD  
SUITE A  
TAMPA, FL 33609 US

**FEI Number:** 65-0446278

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVY, CLIFF  
3641 W. KENNEDY BLVD.  
SUITE A  
TAMPA, FL 33609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name LEVY, CLIFF  
Address 4938 ST. CROIX DRIVE  
City-State-Zip: TAMPA FL 33629

Title D  
Name LEVY, LINDA  
Address 4938 ST. CROIX DRIVE  
City-State-Zip: TAMPA FL 33629

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFF LEVY

**PRESIDENT**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date