


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90391 040 ***158.75

DOCUMENT # M95996	
1. Entity Name CITY SHOPPING CENTERS, INC.	

Principal Place of Business 5660 - 5682 WASHINGTON ST. HOLLYWOOD, FL 33023 US	Mailing Address PO BOX 840306 PEMBROKE PINES, FL 33084 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03242004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-1805852	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROSTAMIAN, BEN 208 S. 28 AVE HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME PMST - ROSTAMIAN, BEN	<input type="checkbox"/> Delete
STREET ADDRESS 208 S 28 AVE	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE NAME DVC ROSTAMIAN, ZOHREH A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2877 E. SIERRA DR.	
CITY-ST-ZIP WESTLAKE HILLS, CA	
TITLE NAME DVC ROSTAMIAN, MANDANA	<input type="checkbox"/> Delete
STREET ADDRESS 208 S 28 AVE (sorry!)	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME DVC ROSTAMIAN, MANDANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 208 S. 28 AVE	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: B. Rostamian BEN ROSTAMIAN 4-29-04 754-423-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #