2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 16, 2004 08:00 AM **DOCUMENT # 723426** Secretary of State 1. Entity Name WATERWAY PLAZA, INC. Principal Place of Business Mailing Address TPS MANAGEMENT P.O. BOX 661554 WATERWAY PLAZA, INC. 7900 TATUM WATERWAY DR. MIAMI BEACH FL 33141 MIAMI SPRINGS FL 33266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For 4. FEI Number City & State City & State 59-1502264 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE **SUITE 1102** CORAL GABLES FL 33134 City Zip Cade 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 little if applicable (NOTE Registered Agent signature regulage when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition PIAZZA-ZUNIGA, JEANNINE NAME NAME 11340 SW 176 STREET U00000054558 STREET ADDRESS STREET ADDRESS 02/17/04-80001-011 61.25 MIAMI FL 33157 CATY- ST- ZIP CITY - ST - ZIP VD TIFLE Change ☐ Addition TITLE ☐ Delete REGAN, GABRIELA NAME NAME 7900 TATUM WATERWAY DR, #503 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-S1-ZIP CiTY - ST- ZIP Change Addition TITLE Delete IIILE GOLDSTEIN, MICAH NAME NAME 7900 TATUM WATERWAY DR, #510 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, 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.

Goldstoin Gresident 2/4/04 593-2295