## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 04, 2007 08:00 A Secretary of State **DOCUMENT # 723426** 1. Entity Name WATERWAY PLAZA, INC. Principal Place of Business Mailing Address WATERWAY PLAZA, INC. 7900 TATUM WATERWAY DR. TPS MANAGEMENT P.O. BOX 661554 MIAMI BEACH FL 33141 MIAMI SPRINGS FL 33266 2. Principal Placo of Business - No P.O Box # 3, Mailing Address Suite, Apt. #, etc. Suito, Ant. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1502264 Not Applicable Zip Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Due By May 1, 2007 Added to Fees ` 1<u>,</u> + 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE TD ☐ Delete THE Change Addition 8080630000U NAME PIAZZA-ZUNIGA, JEANNINE NAME 04/12/07-80005-005 61.25 STREET ADDRESS STREET ADDRESS 11340 SW 176 STREET CITY-ST-7IP **MIAMI FL 33157** CITY-ST-ZIP TITLE Delete IIILE Change Addition NAME REGAN, GABRIELA NAME STREET ADDRESS 7900 TATUM WATERWAY DR, #503 STRUET ADDRUSS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Delete IIILE Change ☐ Addition NAME NAME GOLDSTEIN, MICAH STREET ADDRESS STREET ADDRESS 7900 TATUM WATERWAY DR, #510 CITY-SI-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 IIILE ☐ Delete ME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleie TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORLSS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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.

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE