

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

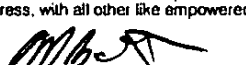
05-28-2008 90011 044 ****61.25
723426

FILED

08 JUL 18 PM 2: 01

CLERK OF STATE
TALLAHASSEE, FLORIDA

CR2E037B (5/07)

DOCUMENT # 723426			
1. Entity Name WATERWAY PLAZA, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business - No P.O. Box # Waterway Plaza, Inc.		3. Mailing Address TPS Management	
Suite, Apt. #, etc. 7900 Tatum Waterway Dr.		Suite, Apt. #, etc. P.O. Box 6061554	
City & State Miami Beach, FL		City & State Miami Springs, FL	
Zip 33141	Country U.S.	Zip 33246	Country U.S.
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-1502264	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name SKRLD, INC.	
		Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle	
		Suite 1102	
		City Coral Gables	FL Zip Code 33134
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FEE IS \$61.25 Initial or Amended AR		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Micah Goldstein 7900 Tatum Waterway Dr. #510 Miami Beach, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Juan P. Zuniga 7900 Tatum Waterway Dr. #410 Miami Beach, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Patricia De Góis Fernandez 7900 Tatum Waterway Dr. #213 Miami Beach, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Jerry Schlissel 7900 Tatum Waterway Dr. #306 Miami Beach, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		305- 885-0845	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/14/08 Daytime Phone #	