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₹2008 NOT-FOR-PROFIT CORPORATIONANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

	ANNUAL		,	\sim		y ui su	~~~	
1. Entity Nam PLAZA O	MENT #746870 F THE AMERICAS PART IV TION, INC.	CONDOMINIUM		O-		331 028 ****61		
Principal Place 17001 N BA SUNNY ISLES		Mailing Address 17001 NORTH BAY ROAI N MIAMI BEACH, FL 331		dan un un	*. ####################################	AKRIL AKRIL ATOKI AKRIL ATOK		
1 '-	Vorte Bay Pd #, etc.	3. Mailing Address 17001 North Suite, Apt. #, etc.	Bay Rd	04212008 CI	sna: win dan dan dan dian	R2E037 (12/06)		
SUN NU	Isles Beach PL Country	Sunny Isle	Country	4. FEI Number 59-207078 5. Certificate of St		Not Not		
331Ce	6. Name and Address of Current R	33160	us	7 Name and Add	ress of New Regis	Fee Required	}	
	a. Rane and Address of Current R	alismon when	Name :			mien Menr		
ROTUNDO, EDUARDO				(P.O. Box Number is I	60 ESPINOZA (P.O. Box Number is Not Acceptable)			
			17001	North Bo	m 12d			
			Sunna	Teles Do	0043	FL ZECO	60	
8. The above	named entity submits this statement for	the purpose of changing its re		ered agent, or both, in	the State of Florida.	100	and accept	
the obligat	tions of registered agent.		0			/ /		
		ung.			41	121/08	•	
SIGNATURE	Signature, typed or printed name of professional agent as	nd stre if applicable. (NOTE:	Registered Agent signature requir	ad when reinstating)		DATE		
		9. Election Camp	nian Finnasias	45.00	Na-2	shock parchip to		
	Filing Fee Is \$61.25 Due by May 1, 2008	Trust Fund Co		\$5.00 May Be Added to Fees		check payable to Department of Sta		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10	
TITLE	PD	Delete	тп. ИР				/	
			1112	D \sim		☐ Change	Addition	
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12. Thereby 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 Block 11 if changed, or on an attactiment with an address, with all other like empowered.

SIGNATURE: Edisa d. Espicuosa	4/21/08	(305)944-912
SIGNATURE AND TOPED OR PRINTED MAKE OF BIOKING OFFICER OR ORSECTOR	Date	Daytime Phone #