

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760406**

1. Entity Name  
**OAK PLAZA PROFESSIONAL CENTER, INC.**



Principal Place of Business

**8525 SW 92 STREET  
 SUITE D-16  
 MIAMI, FL 33156**

Mailing Address

**8525 SW 92 STREET  
 SUITE D-16  
 MIAMI, FL 33156**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2202958** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOGUES, ANDRES  
 8525 SW 92 STREET  
 SUITE D-16  
 MIAMI, FL 33156**

**DO NOT WRITE  
 IN THIS SPACE**

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 **ANDRES NOGUES** *A. Nogues* **3-21-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, ROY L 8525 SW 92 STREET STE A-3B MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUIAT, BETTE 8525 SW 92 STREET STE B-5 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AZOULAY, SHARON 8525 SW 92 STREET STE B-9 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOGUES, ANDRES C 8525 S.W. 92ND STREET, #D-16 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, NANCY 8525 SW 92 STREET, B-8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARANGO, CLAUDIA 8525 SW 92 ST., #B6 MIAMI, FL 33156

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 04/03/07-80062-002 61.25

**DO NOT WRITE  
 IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Nogues* (**ANDRES NOGUES**) **3-21-07** **786-234-7272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #