


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90031 037 \*\*\*\*61.25

<b>DOCUMENT # 761087</b> 1. Entity Name <b>FINANCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>407 LINCOLN ROAD</b> <b>SUITE 502</b> <b>MIAMI BEACH, FL 33139 US</b>		Mailing Address <b>407 LINCOLN ROAD</b> <b>SUITE 502</b> <b>MIAMI BEACH, FL 33139 US</b>	
2. Principal Place of Business - No P.O. Box # <b>407 LINCOLN RD</b>		3. Mailing Address <b>407 LINCOLN RD</b>	
Suite, Apt. #, etc. <b>PH-N</b>		Suite, Apt. #, etc. <b>PH-N</b>	
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>	
Zip <b>33139</b>		Zip <b>33139</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2158585</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MURAI, WALD AND BIONDO</b> <b>2 ALHAMBRA PLAZA</b> <b>PENTHOUSE 1B</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TORRES, ANGEL</b> <b>407 LINCOLN RD SUITE 502</b> <b>MIAMI, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TORRES, ANGEL E.</b> <b>407 LINCOLN RD PH-N</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MUNOZ, GONZALO</b> <b>407 LINCOLN RD SUITE 502</b> <b>MIAMI, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>407 LINCOLN RD PH-N</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Angel E. Torres</u> <u>Angel E. Torres</u> <u>2/11/08</u> <u>305/672-0805</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee</small>			