


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90082 047 \*\*\*158.75

**DOCUMENT # F98000003065**

1. Entity Name  
**PLAZA PUERTO RICO MANAGEMENT, INC.**



Principal Place of Business  
**28801-29129 US 19N  
 CLEARWATER, FL**

Mailing Address  
**MSC 621 89 DE DIEGO AVE  
 STE 105  
 SAN JUAN, PR 00927**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**66-0532586**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDSMITH, SALLY S  
 1017 OAK LAKE DR  
 CLEARWATER, FL 33764**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                  |                                 |
|------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SELGER, SERGIO GABRIEL<br>URB. MONTEHIDRA, 17 BIEN TE VEO<br>S.J., PR 00926 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>FEINBERG, MINDY<br>URB. MONTEHIDRA, 17 BIEN TE VEO<br>S.J., PR 00926       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>NATHAN, CLARA ZARAGOZA<br>1277 CASTILLO DEL MAR<br>ISLA VERDE, PR 00979    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                            |                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MSC 621 89 De Diego Ave.<br>STE. 105, San Juan, P.R. 00927 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| MSC 621 89 De Diego Ave.<br>Ste. 105, San Juan, P.R. 00927 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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 607, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (787) 758-3872  
Date Daytime Phone #