


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90420 042 ***150.00

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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
 28801-29129 US Hwy 19N
 Suite, Apt. #, etc.

3. Mailing Address
 P. O. Box 8351
 Suite, Apt. #, etc.

City & State
Clearwater, Fl.

City & State
Clearwater, Fl.

Zip
33761

Country
USA

Zip
33758

Country
USA

6. Name and Address of Current Registered Agent

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



02222006 Chg-P CR2E034 (11/05)

4. FEI Number
66-0532586

Applied For
 Not Applicable

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

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 *Sally S. Goldsmith* **3/25/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete SELGER, SERGIO GABRIEL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS MSC 621 89 DE DIEGO AVE STE 105		STREET ADDRESS	
CITY-ST-ZIP SAN JUAN, PR 00927		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete FEINBERG, MINDY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS MSC 621 89 DE DIEGO AVE		STREET ADDRESS	
CITY-ST-ZIP SAN JUAN, PR 00927		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete NATHAN, CLARA ZARAGOZA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS 1277 CASTILLO DEL MAR		STREET ADDRESS	
CITY-ST-ZIP ISLA VERDE, PR 00979		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: *Sally S. Goldsmith* **3/25/06** **727-798-1177**
Signature and typed or printed name of signing officer or director Date Daytime Phone #