# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90063 001 ***300.00

DOCUMENT # M48836

1. Entity Name
1469 N.W. CIVIC PARK PLAZA CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 1469 N.W 13TH TERR<br>MIAMI, FL 33125 | 444 BRICKELL AVE.<br>PLAZA 51 #327<br>MIAMI, FL 33131 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 340 Poinciana Way, Suite 326<br>Palm Beach, FL 33480 | P.O. Box 11<br>Palm Beach, FL 33480 |
| Palm Beach County | Palm Beach County |

01242008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0015134 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GAZTAMBIDE, MARIO F<br>801 BRICKELL KEY BLVD<br>APT. 2110<br>MIAMI, FL 33131 | Name: **Spiegel, Robert**<br>Street Ad: **340 Poinciana Way, Suite 326**<br>**Palm Beach, FL 33480**<br>City: ode |

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 _____ **Robert Spiegel 1/24/08**
Signature, typed or printed name of reinstated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>FONALLEDA, JAIME<br>444 BRICKELL AVE PLAZA 51 #327<br>MIAMI, FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Spiegel, Robert I<br>340 Poinciana Way, Suite 326<br>Palm Beach, FL 33480 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GAZTAMBIDE, MARIO F.<br>444 BRICKELL AVE PLAZA 51 #327<br>MIAMI, FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Armando Gutierrez<br>1350 NW 8th Court, PH#2<br>Miami, FL 33136 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | A<br>GAZTAMBIDE, MARIO F<br>801 BRICKELL KEY BLVD APT 2110<br>MIAMI, FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 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:** _____ **Robert Spiegel 1/23/08 561-832-8502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #