


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

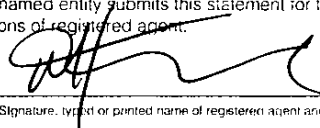
<b>DOCUMENT # N01000005818</b> 1. Entity Name <b>PENN PLAZA CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>1027 PENNSYLVANIA AVE MIAMI BEACH FL 33139</b>		Mailing Address <b>1027 PENNSYLVANIA AVE APT. 102 MIAMI BEACH FL 33139</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>3120 St. Paul Street Basement</b>
City & State		City & State <b>Baltimore, MD</b>
Zip	Country	Zip <b>21218</b>
Country <b>USA</b>		4. FEI Number <b>65-1138272</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

FILED

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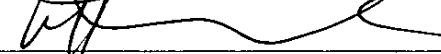
2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent <b>GONZALEZ, CAROLINA 1027 PENNSYLVANIA AVE #102 MIAMI BEACH FL 33139</b>				7. Name and Address of New Registered Agent Name: <b>Jared Pickering</b> Street Address (P.O. Box Number is Not Acceptable): <b>1027 Pennsylvania Ave. #105</b> City: <b>Miami Beach</b>			
State: <b>FL</b>				Zip Code: <b>33139</b>			
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: <b>9/10/07</b>			

<b>FILE NOW: FEE IS \$61.25 Due By: September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, PABLO		NAME	Jared Pickering	
STREET ADDRESS	1027 PENNSYLVANIA AVE. 104		STREET ADDRESS	1027 Pennsylvania Ave. #105	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CAROLINA		NAME	Matt Kinkelaar	
STREET ADDRESS	1027 PENNSYLVANIA AVE #102		STREET ADDRESS	3120 St. Paul Street, Bsmt.	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Balto, MD 21218	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, PABLO		NAME	Jared Pickering	
STREET ADDRESS	1027 PENNSYLVANIA AVE #104		STREET ADDRESS	1027 Pennsylvania Ave. #105	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139	
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 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:  DATE: **9/16/07**