2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 17, 2004 8:00 am Secretary of State DOCUMENT # P95000085145 05-17-2004 90018 048 ***150.00 PLAZA RESIDENTIAL DEVELOPMENT CORP. Mailing Address Principal Place of Business 24076253 2200 N. ATLANTIC BLVD. 2200 N. ATLANTIC BLVD. FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 Principal Place of Business Mailing Address 3805.0 Suite Apt. #, etc. Suite Apt. #, etc. 02032004 Chg-P CR2E034 (10/03) 210 City & State Applied For 4. FEI Number 65-0626297 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 15-A Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIRMAN, NEIL Street Address (P.O. Box Number is Not Acceptable) 2100 N. ATLANTIC BLVD. FORT LAUDERDALE, FL 33305 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE . 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE . TITLE NAME FAIRMAN, NEIL NAME STREET ADDRESS 2100 N. ATLANTIC BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 privrustee 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 withyan address, with all other like empowered. Jeil fairman

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Attachment 34004853



Division of Corporations P.O. Box 1500 Tallahassee, FL., 32302-1500

May 14th, 2004

Please find enclosed annual report filings #P95000085145, and P03000085188 with the proper payment. As you can see by the date on the checks, they were made out in time for mailing before the May 1st deadline, and were in turn mailed that day. Unfortunately, they were somehow rerouted incorrectly and received by another company who in turn sent them back to us accompanied by a letter for each check which states the reason they were returned to us. Unfortunately, we still do not know how these checks were misrouted.

Upon receiving these back, I called the Division of Corporations and spoke to a gentleman by the name of Gary. He instructed me to resend the checks with the coinciding forms, along with a copy of the letter from the company which received them in error. We are hoping upon your receipt of this information that you will be kind enough to waive any late fees that would be incurred. As you can see, every effort was made to get these filings along with payment in before the deadline. If you have any questions, please contact me at 954-630-8880.

Thank you for your attention to this matter.

Singerely,

Accounts Payable