

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42546

Entity Name: PLAZA DEL SOL, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

30 FLORAL PKWY
CONCORD, ON L4K

New Principal Place of Business:

30 FLORAL PKWY
CONCORD, ON L4K 4R1 CA

Current Mailing Address:

PO BOX 1102
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 65-0259954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASENDORF, J. ALAN
101 E KENNEDY BLVD
2700 BARNETT PLAZA
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEGASPERIS, ALFREDO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1

Title: VD () Delete
Name: DEGASPERIS, ANGELO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1

Title: VD () Delete
Name: DEGASPERIS, ANTONIO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1

Title: STD () Delete
Name: SIMM, DENNIS R.
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEGASPERIS, ALFREDO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1 CA

Title: VD (X) Change () Addition
Name: DEGASPERIS, ANGELO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1 CA

Title: VD (X) Change () Addition
Name: DEGASPERIS, ANTONIO
Address: 30 FLORAL PARKWAY
City-St-Zip: CONCORD, ON L4K 4R1 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO DEGASPERIS

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date