


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 22 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 760406</b> 1. Entity Name <b>OAK PLAZA PROFESSIONAL CENTER, INC.</b>					
Principal Place of Business <b>8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156</b>			Mailing Address <b>8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03222003    Chg-NP    CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-2202958</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHWABE, ROBERT 8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SCHWABE, ROBERT</b> <b>8525 SW 92 STREET STE B-6</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>QUIAT, BETTE</b> <b>8525 SW 92 STREET STE B-5</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200038193132</b> <b>06/23/04--01036--004 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GREENBERG, ROY</b> <b>8525 SW 92 STREET STE A-3B</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARANGO, CLAUDIA</b> <b>8525 SW 92 STREET STE B-6</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>AZOULAY, SHARON</b> <b>8525 SW 92 STREET STE B-9</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AZOULAY, SHARON</b> <b>8525 S.W. 92 ST. B-9</b> <b>MIAMI, FL. 33156</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ANDRES C. NOGUES</b> <b>8525 S.W. 92 ST. D-16</b> <b>MIAMI, FL. 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 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: <i>Robert A. Schwabe</i> <b>PRESIDENT</b> <b>6/14/04</b> <b>305/270-1990</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					