2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# 760406

Entity Name: OAK PLAZA PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156

New Mailing Address:

FEI Number: 59-2202958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOGUES, ANDRES
8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GREENBERG, ROY L	
Address:	8525 SW 92 STREET STE A-3B	
City-St-Zip:	MIAMI, FL 33156 Q	
Title:	VD	( ) Delete
Name:	QUIAT, BETTE	
Address:	8525 SW 92 STREET STE B-5	
City-St-Zip:	MIAMI, FL 33156	
Title:	SD	( ) Delete
Name:	AZOULAY, SHARON	
Address:	8525 SW 92 STREET STE B-9	
City-St-Zip:	MIAMI, FL 33156	
Title:	TD	( ) Delete
Name:	NOGUES, ANDRES C	
Address:	8525 S.W. 92ND STREET, #D-16	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	KIRSNER, NANCY	
Address:	8525 SW 92 STREET, B-8	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	ARANGO, CLAUDIA	
Address:	8525 SW 92 ST., #B6	
City-St-Zip:	MIAMI, GL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES NOGUES TD 04/17/2005

Electronic Signature of Signing Officer or Director — Date