

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760406

FILED
Mar 02, 2006
Secretary of State

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 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 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

03/02/2006

Electronic Signature of Signing Officer or Director

Date