


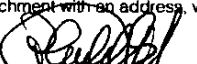


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 010 \*\*\*\*61.25

<b>DOCUMENT # 714823</b> 1. Entity Name <b>ANDOR PLAZA ASSOCIATION, INC.</b>					
Principal Place of Business <b>16850 S GLADES DR</b> <b>6D</b> <b>NORTH MIAMI BEACH, FL 33162</b>			Mailing Address <b>16850 SOUTH GLADES DR</b> <b>6D</b> <b>NORTH MIAMI BEACH, FL 33162 US</b>		
2. Principal Place of Business - No P.O. Box # <b>16850 S. GLADES DR</b> Suite, Apt. #, etc. <b>5A</b>		3. Mailing Address <b>16850 S. GLADES DR</b> Suite, Apt. #, etc. <b>5A</b>			
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>		4. FEI Number <b>59-1303156</b>	
Zip <b>33162</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CASTILLO, FELIX</b> <b>16850 SOUTH GLADES DR 6D</b> <b>NORTH MIAMI BEACH, FL 33162</b>				7. Name and Address of New Registered Agent Name <b>FELIX CASTILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>16850 S. GLADES DR APT 5A</b> City <b>NORTH MIAMI BEACH</b> FL Zip Code <b>33162</b>	
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  <b>Felix Castillo, PD</b> DATE <b>01-22-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CACTILLO, FELIX 16850 S GLADES DR 6D N MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO FELIX 16850 S. GLADES APT 5A NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMBETTA, DANIEL 16850 S GLADES DR 6K N MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALAN GACEL 16850 S. GLADES DR APT 8F NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, JOSE L 16850 S GLADES DR 7F N MIAMI BEACH, FL 33162	<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	SD PADRON, JORGE L 16850 S GLADES DR 7D N MIAMI BEACH, FL 33162	<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	O LEON, SELFA 16850 S GLADES DR 7H NORTH MIAMI BEACH, FL 33162	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Felix Castillo, PD</b> DATE <b>01-22-07</b> DAYTIME PHONE # <b>3059197720</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					