

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103312

1. Entity Name
22 PLAZA CORP.



Principal Place of Business
615 NE 22ND STREET, SUITE 101
MIAMI, FL 33137

Mailing Address
615 NE 22ND STREET, SUITE 101
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #
250 N.E. 25 Street

3. Mailing Address
250 N.E. 25 Street

Suite, Apt. #, etc.
Suite # 201

Suite, Apt. #, etc.
Suite # 201

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33137

Country

Zip
33137

Country

03172008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1149561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, RAUL
615 NE 22ND STREET
SUITE 101
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Carlos Ferreira De Melo
Street Address (P.O. Box Number is Not Acceptable)
250 N.E. 25 Street
Suite # 201
City
Miami FL Zip Code
33137

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

[Signature]

(Carlos Ferreira De Melo)

3/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
JIMENEZ, RAUL
615 NE 22ND STREET, SUITE 101
MIAMI, FL 33137 ☒ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Jose Luis Ferreira De Melo
250 N.E. 25 Street, Suite 201
Miami, Florida 33137 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
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Miami, Florida 33137 ☒ Change ☒ Addition

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D/T
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TITLE
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☐ Change ☐ 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 607, 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:

[Signature]

(Carlos Ferreira De Melo)

3/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Date

Daytime Phone #