



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S42546</b> 1. Entity Name PLAZA DEL SOL, INC.	
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Principal Place of Business 30 FLORAL PKWY CONCORD, ON L4K	Mailing Address PO BOX 1102 TAMPA, FL 33601 US
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03182008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0259954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  ASENDORF, J. ALAN 101 E KENNEDY BLVD 2700 BARNETT PLAZA TAMPA, FL 33602
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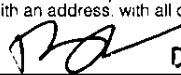
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000870127 04/09/08-80077-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEGASPERIS, ALFREDO 30 FLORAL PARKWAY CONCORD, ON L4K 4R1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEGASPERIS, ANGELO 30 FLORAL PARKWAY CONCORD, ON L4K 4R1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEGASPERIS, ANTONIO 30 FLORAL PARKWAY CONCORD, ON L4K 4R1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMM, DENNIS R. 30 FLORAL PARKWAY CONCORD, ON L4K 4R1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DENNIS R. SIMM	March 18 2008 (905) 662-5400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>