


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90045 004 \*\*\*158.75

**DOCUMENT # 365749**  
 1. Entity Name  
**TOWN PARK PLAZA SOUTH INC**



Principal Place of Business Mailing Address  
**TOWN PARK PLAZA SOUTH** **PO BOX 015607**  
**1798 N.W. 5TH AVENUE,** **MIAMI FL 33101**  
**MIAMI FL 33136**

**54028747**



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1325730** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DARCELIN, MARY**  
**1835 NW 5TH PLACE**  
**MIAMI FL 33136**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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 **MARY DARCELIN** *Mary Darcelin* **04/06/04**  
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, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> Delete	D
NAME	WIMS, MARIE
STREET ADDRESS	1780 NW 5TH AVE #M
CITY-ST-ZIP	MIAMI FL 33136
TITLE <input type="checkbox"/> Delete	VP
NAME	RACHEL, SHARON
STREET ADDRESS	1318 NW 7TH CT
CITY-ST-ZIP	MIAMI FL 33136
TITLE <input type="checkbox"/> Delete	D
NAME	ARZU, DARLING
STREET ADDRESS	1832 NW 5TH PLACE
CITY-ST-ZIP	MIAMI FL 33136
TITLE <input type="checkbox"/> Delete	P
NAME	DARCELIN, MARY
STREET ADDRESS	1835 NW 5TH PLACE
CITY-ST-ZIP	MIAMI FL 33136
TITLE <input type="checkbox"/> Delete	T
NAME	WILLIAMS, ACONIA
STREET ADDRESS	1814 NW 5TH PLACE
CITY-ST-ZIP	MIAMI FL 33136
TITLE <input type="checkbox"/> Delete	D
NAME	JACKSON, TONYA
STREET ADDRESS	1838 NW 5TH PLACE
CITY-ST-ZIP	MIAMI FL 33136

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S
NAME	McDONALD, HARRIET
STREET ADDRESS	1730 NW 5TH AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33136
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AT
NAME	LEVY, ALMA
STREET ADDRESS	1838 NW 5TH PLACE
CITY-ST-ZIP	MIAMI, FLORIDA 33136
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	RUTHERFORD, CONSTANCE
STREET ADDRESS	1802 NW 5TH PLACE
CITY-ST-ZIP	MIAMI, FLORIDA 33136
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: MARY DARCELIN** *Mary Darcelin* **04/06/04 (305) 576-2167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #