


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90337 045 ***158.75

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



Principal Place of Business
TOWN PARK PLAZA SOUTH
1798 N.W. 5TH AVENUE,
MIAMI, FL 33136

Mailing Address
PO BOX 015607
MIAMI, FL 33101

40040006



2. Principal Place of Business
TOWN PARK PLAZA SOUTH
 Suite, Apt. #, etc.
1798 NW 5TH AVENUE

3. Mailing Address
P.O. BOX 015607
 Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-1325730

Applied For
 Not Applicable

Zip
33136

Country
U.S.A

Zip
33101

Country
U.S.A

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

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 *Mary Darcelin* *President* *04.21.05*
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, 2005 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	D WIMS, MARIE 1780 NW 5TH AVE #M MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACHEL, SHARON 1318 NW 7TH CT MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARZU, DARLING 1832 NW 5TH PLACE MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARCELIN, MARY 1835 NW 5TH PLACE MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, ACONIA 1814 NW 5TH PLACE MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, TONYA 1838 NW 5TH PLACE MIAMI, FL 33136	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, HARRIET 1730 NW 5TH AVENUE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUTHERFORD, CONSTANCE 1802 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVY, ALMA 1838 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JOHNSON, EVELYN 1812 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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* *04.21.05 (305) 573 4409*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #