


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90473 033 \*\*\*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**

60045442



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

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  
**ROBERTS, MARIO**  
**1738 NW 5TH AVE**  
**MIAMI, FL 33136**

7. Name and Address of New Registered Agent  
 Name  
**SHARON RACHEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1318 NW 7TH COURT**  
 City **MIAMI** FL Zip Code **33136**

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 *Sharon Rachel* **ACTING PRESIDENT** **04/25/07**  
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, 2007 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	AS WIMS, MARIE 1780 NW 5TH AVE, APT # M MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHEL, SHARON 1318 NW 7TH CT MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARZU, DARLING 1832 NW 5TH PL MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARCELIN, MARY 1835 NW 5TH PL MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, HARRIET 1730 NW 5TH AVE MIAMI, FL 33136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, MARIO 1738 NW 5TH AVE MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIMS, MARIE 1780 NW 5TH AVE, APT#M MIAMI, FLORIDA 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTING PRESIDENT RACHEL, SHARON 1318 NW 7TH COURT MIAMI, FLORIDA 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARZU, DARLING 1832 NW 5TH PLACE MIAMI, FLORIDA 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	T WILLIAMS, ACONIA 1814 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LEVY, ALMA 1806 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" 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 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: *Sharon Rachel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

TOWN PARK PLAZA SOUTH CO-OP

ATTACHMENT

DOCUMENT #365749

600 45442  
365749

AS

COPELAND, HAZEL  
1808 NW 5TH PLACE  
MIAMI, FLORIDA 33136

ADDITION

D  
PATTERSON, CLEMISTINE  
1816 NW 5TH PLACE  
MIAMI, FLORIDA 33136

ADDITION

SIGNATURE:

*Shaven P. Kelly*

ACTING PRESIDENT

DATE: 04/25/07