
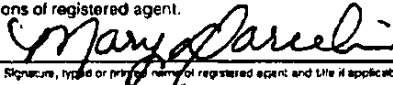
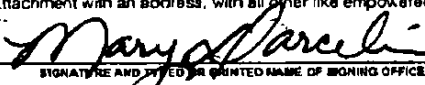


FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 028 ***558.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1325730	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RACHEL, SHARON 1318 NW 7TH COURT MIAMI, FL 33136			7. Name and Address of New Registered Agent Name DARCELIN, MARY Street Address (P.O. Box Number is Not Acceptable) 1835 NW 5TH PLACE City MIAMI FL Zip 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: 		TITLE: PRESIDENT		DATE: 04/18/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			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, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARCELIN, MARY 1835 NW 5TH PLACE MIAMI, FLORIDA 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP RACHEL, SHARON 1318 NW 7TH CT MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACHEL, SHARON 1318 NW 7TH CT 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 PL MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COPELAND, HAZEL 1808 NW 5TH PLACE MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EVELYN 1812 NW 5TH PLACE MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, HARRIET 1730 NW 5TH AVE MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRONG, TIFFANY 1858 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, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RACHEAL 1842 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: 				DATE: 04/18/08 (305) 576-2167	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	