


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 389705
 1. Entity Name
TOWN PARK PLAZA NORTH, INC.



Principal Place of Business Mailing Address
1945 N.W. 5TH PLACE **1945 N.W. 5TH PLACE**
MIAMI FL 33136 **MIAMI FL 33136**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

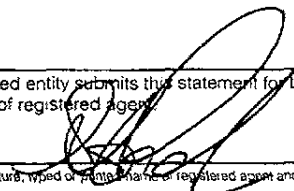
City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
PRESIDIO REALTY INC.
6801 DIANA COURT
TAMPA FL 33610

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	THOMAS, SHERRAINE	
STREET ADDRESS	1904 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, GEORGIA	
STREET ADDRESS	731 NW 10TH ST	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	M	<input type="checkbox"/> Delete
NAME	MCCRAY, DOROTHY	
STREET ADDRESS	1970 NW 5TH PLACE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ELMIRA	
STREET ADDRESS	1958 NW 4 COURT	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	P	<input type="checkbox"/> Delete
NAME	STARKS, WILLIE	
STREET ADDRESS	6761 ROYAL MELBOURNE DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000080807	
CITY-ST-ZIP	03/08/04-80124-011 158.75	
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		
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:  2/3/04 (305) 573-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #