


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90122 043 ***150.00

DOCUMENT # 491135

1. Entity Name: **AMERICAN PLAZA, INC.**



Principal Place of Business: **1300 SE 17TH ST 210 FT LAUDERDALE, FL 33316 US**

Mailing Address: **1300 SE 17TH ST 210 FT LAUDERDALE, FL 33316 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **12258 NW 11 St.** Suite, Apt. #, etc.

City & State: **Pembroke Pines, FL**

Zip: **33026** Country: **USA**



03192005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-1702035** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IRIONDO, ANDRES 901 PONCE DE LEON BLVD #501 CORAL GABLES, FL 33134		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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSE, AGUSTIN ALVAREZ S.			NAME			
STREET ADDRESS	1300 SE 17TH ST SUITE 210			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTON, ADRIANA ALVAREZ			NAME			
STREET ADDRESS	1300 SE 17TH ST SUITE 210			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 another like empowered.

SIGNATURE: *Jose Agustin Alvarez S.* **4-6-2005** **(954) 467-3351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSE AGUSTIN ALVAREZ S.