

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491135

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMERICAN PLAZA, INC.

Current Principal Place of Business:

1300 SE 17TH ST
210
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD.
501
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1702035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRIONDO, ANDRES
901 PONCE DE LEON BLVD #501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSE AGUSTIN ALVAREZ S.
Address: 936 INTRACOASTAL DR, 15 APT
City-St-Zip: FT. LAUDERDALE, FL 33304 FL

Title: VP () Delete
Name: ANTON, ADRIANA ALVAREZ
Address: 936 INTRACOASTAL DR, 15 APT.
City-St-Zip: FT. LAUDERDALE, FL 33304 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE AGUSTIN ALVAREZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date