


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90271 002 ****61.25

DOCUMENT # 700377 1. Entity Name CENTRAL SHOPPING PLAZA MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business NW 7ST 37 AVE. MIAMI, FL 33126	Mailing Address 6911 SW 147 AVE. MIAMI, FL 33193
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8 ESCONTO DO CIRQUE UNIT # 75
City & State	City & State ALTAMONTE SPRINGS FL
Zip	Country USA



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1005765	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NASH, CMD, MARTIN P 6911 SW 147 AVE. MIAMI, FL 33193	7. Name and Address of New Registered Agent Name MARTIN P. NASH Street Address (P.O. Box Number is Not Acceptable) 8 ESCONTO DO CIRQUE UNIT # 75 City ALTAMONTE SPRINGS FL Zip Code 32701
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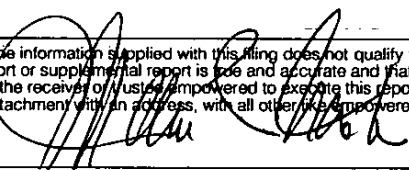
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE  MARTIN P. NASH DATE 1/10/06
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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, GLADYS 3707 NW 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SUAREZ, EDDIE 3703 NW 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRATS, ARMANDO PO BOX 350940 BOYNTON BEACH, FL 334350940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 617, 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 persons empowered.	SIGNATURE:  MARTIN P. NASH DATE 1/10/06 DAYTIME PHONE # 322-5777
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