

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 700377

1. Entity Name  
CENTRAL SHOPPING PLAZA MERCHANTS  
ASSOCIATION, INC.



Principal Place of Business  
NW 7ST 37 AVE.  
MIAMI, FL 33126

Mailing Address  
8-ESCONDIDO CIR  
UNIT 75  
ALTAMONTE SPRINGS, FL 32701

FILED  
07 AUG -9 AM 10: 37

STATE  
FLORIDA



2. Principal Place of Business - No P.O. Box #  
NW 7th ST AND 37th AVE  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 350940  
Suite, Apt. #, etc.

07262007 Chg-NP CR2E037 (12/06)

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
59-1005765

Applied For  
Not Applicable

Zip  
33126

Country  
USA

Zip  
33135-0940

Country  
USA

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

Name ARMANDO R. PRATS

Street Address (P.O. Box Number is Not Acceptable)  
401 NW 38th COURT

City MIAMI, FL Zip Code 33126

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 ARMANDO R. PRATS

7/27/07  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GOMEZ, GLADYS  
STREET ADDRESS 3707 NW 7TH STREET  
CITY-ST-ZIP MIAMI, FL 33126

TITLE DVP ☐ Delete  
NAME SUAREZ, EDDIE  
STREET ADDRESS 3703 NW 7TH STREET  
CITY-ST-ZIP MIAMI, FL 33126

TITLE SD ☐ Delete  
NAME PRATS, ARMANDO  
STREET ADDRESS PO BOX 350940  
CITY-ST-ZIP BOYNTON BEACH, FL 334350940

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300108026289  
CITY-ST-ZIP 08/14/07--01010--011 \*\*70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP MIAMI, FL., 33135-0940

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

GLADYS GOMEZ

Aug 6/07 305-649-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone