


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90006 001 \*\*\*\*61.25

**DOCUMENT # 714823**

1. Entity Name:  
**ANDOR PLAZA ASSOCIATION, INC.**



Principal Place of Business: 16850 SOUTH GLADES DR. 3K NORTH MIAMI BEACH FL 33162

Mailing Address: 16850 SOUTH GLADES DR 3K NORTH MIAMI BEACH FL 33162 US

2. Principal Place of Business: *16850 S. Glades Dr 3K*

3. Mailing Address: *16850 S. Glades Dr 3K*



MOORE CR2E037 (11/03)

City & State: *N Miami Beach FL*

City & State: *North Miami Beach FL*

Zip: *33162* Country: *Dome-Country*

4. FEI Number: **59-1303156**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent:  
**SERRANO, CARMEN**  
 16850 SOUTH GLADES DR 3K  
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent:  
 Name: *CARMEN SERRANO*  
 Street Address (P.O. Box Number is Not Acceptable): *16850 S. Glades Drive 3K*  
 City: *North Miami Beach*  
 State: **FL** Zip Code: *33162*

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: *CARMEN SERRANO (President)* DATE: *Feb 6/2004*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME: SERRANO, CARMEN	
STREET ADDRESS: 16850 S GLADES DR, #3K	
CITY-ST-ZIP: N MIAMI BEACH FL 33162	
TITLE: VD	<input type="checkbox"/> Delete
NAME: BALDONADO, DELFIN	
STREET ADDRESS: 16850 S GLADES DR, #6K	
CITY-ST-ZIP: N MIAMI BEACH FL 33162	
TITLE: TD	<input type="checkbox"/> Delete
NAME: ROSARIO, PEDRO	
STREET ADDRESS: 16850 S GLADES DR 5J	
CITY-ST-ZIP: N MIAMI BEACH FL 33162	
TITLE: <del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME: OSORIO, JOSE	
STREET ADDRESS: 16850 S. GLADES DR, 5D	
CITY-ST-ZIP: N MIAMI BEACH FL 33162	
TITLE: O	<input type="checkbox"/> Delete
NAME: ELLIS, JOSEPH JR	<i>SAME</i>
STREET ADDRESS: 16850 S GLADES DR 4H	
CITY-ST-ZIP: MIAMI FL 33162	
TITLE: O	<input type="checkbox"/> Delete
NAME: DE ARMAS, MILAGROS	
STREET ADDRESS: 16850 S GLADES DR 3E	
CITY-ST-ZIP: N MIAMI BEACH FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARMEN SERRANO	<i>SAME</i>
STREET ADDRESS: 16850 S. GLADES DR 3K	
CITY-ST-ZIP: N Miami Beach FL 33162	
TITLE: VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DELFIN BALDONADO	<i>SAME</i>
STREET ADDRESS: 16850 S. GLADES DR 6K	
CITY-ST-ZIP: N Miami Beach FL 33162	
TITLE: TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PEDRO ROSARIO	<i>SAME</i>
STREET ADDRESS: 16850 S. GLADES DR 5J	
CITY-ST-ZIP: N Miami Beach FL 33162	
TITLE: OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ORLANDO RODRIGUEZ	
STREET ADDRESS: 16850 S. GLADES DRIVE APT 5H	
CITY-ST-ZIP: N Miami Beach FL 33162	
TITLE: OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOSEPH ELLIS JR	<i>SAME</i>
STREET ADDRESS: 16850 S. GLADES DR 4H	
CITY-ST-ZIP: N Miami Beach FL 33162	
TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILAGROS DE ARMAS	
STREET ADDRESS: 16850 S. GLADES DRIVE APT 3E	
CITY-ST-ZIP: N Miami Beach FL 33162	

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 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: *[Signature]* DATE: *2/6/2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

*305-9454313 H.*  
*305-3310731 cell*