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

2. Principal Place of Business	3. Mailing Address
16850 S. Glades Dr 3K	16850 S. Glades Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3K
City & State: N M Bch Fla	City & State: North Miami Beach FLA
Zip: 33162 Country: N M Bch Dade County	Zip: 33162 Country: Dade County

MOORE CR2E037 (11/03)

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	7. Name and Address of New Registered Agent
SERRANO, CARMEN 16850 SOUTH GLADES DR 3K NORTH MIAMI BEACH FL 33162	Name: CARMEN SERRANO Street Address (P.O. Box Number is Not Acceptable): 16850 S. Glades Drive 3K City: North Miami Beach 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)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	SERRANO, CARMEN	NAME	CARMEN SERRANO SAME
STREET ADDRESS	16850 S GLADES DR, #3K	STREET ADDRESS	16850 S. Glades Dr 3K
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	NMBch FL 33162
TITLE	VD ☐ Delete	TITLE	VICE-PRESIDENT ☐ Change ☐ Addition
NAME	BALDONADO, DELFIN	NAME	DELFIN BALDONADO SAME
STREET ADDRESS	16850 S GLADES DR, #6K	STREET ADDRESS	16850 S. Glades Dr 6K
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	NMBch FL 33162
TITLE	TD ☐ Delete	TITLE	TREASURER ☐ Change ☐ Addition
NAME	ROSARIO, PEDRO	NAME	PEDRO ROSARIO SAME
STREET ADDRESS	16850 S GLADES DR 5J	STREET ADDRESS	16850 S. Glades Dr 5J
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	NMBch FL 33162
TITLE	TD ☒ Delete	TITLE	OFFICER ☐ Change ☒ Addition
NAME	OSORIO, JOSE	NAME	ORLANDO RODRIGUEZ
STREET ADDRESS	16850 S. GLADES DR, 5D	STREET ADDRESS	16850 S. Glades Drive Apt 5H
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	NMBch FL 33162
TITLE	O ☐ Delete	TITLE	OFFICER ☐ Change ☐ Addition
NAME	ELLIS, JOSEPH JR SAME	NAME	JOSEPH ELLIS JR SAME
STREET ADDRESS	16850 S GLADES DR 4H	STREET ADDRESS	16850 S. Glades Dr 4H
CITY-ST-ZIP	MIAMI FL 33162	CITY-ST-ZIP	NMBch FL 33162
TITLE	O ☐ Delete	TITLE	SECRETARY ☒ Change ☐ Addition
NAME	DE ARMAS, MILAGROS	NAME	MILAGROS DE ARMAS
STREET ADDRESS	16850 S GLADES DR 3E	STREET ADDRESS	16850 S. Glades Drive Apt 3E
CITY-ST-ZIP	N MIAMI BEACH FL 33162	CITY-ST-ZIP	NMBch 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: — Date: 2/6/2004 — Daytime Phone #: 305-945 4313 H. 305-331 0731 cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR