


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90024 001 ****70.00

DOCUMENT # 714823

1. Entity Name
ANDOR PLAZA ASSOCIATION, INC.



Principal Place of Business Mailing Address

16850 S GLADES DR **16850 SOUTH GLADES DR**
3K **3K**
NORTH MIAMI BEACH FL 33162 **NORTH MIAMI BEACH FL 33162**
US

2. Principal Place of Business 3. Mailing Address

16850 S. Glades Drive **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3K **SAME**


City & State City & State

North Miami Beach **SAME**

Zip Country Zip Country

33162 **USA** **SAME** **SAME**

30010100



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

59-1303156 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

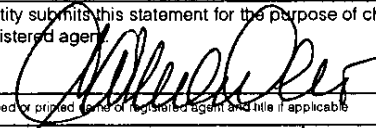
Name **CARMEN SERRANO (President)**

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  DATE **Feb 9/2005**

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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

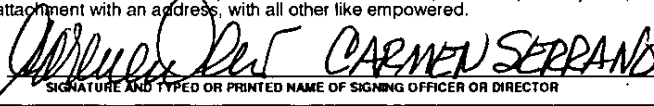
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	CARMEN SERRANO	16850 SOUTH GLADES DR 3K	N MIAMI BEACH FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRESIDENT	ORLANDO RODRIGUEZ	16850 S. GLADES DRIVE 5H	N MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	PEDRO ROSARIO	16850 S. GLADES DRIVE 5J	N MIAMI BEACH FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	MANUEL KARPENKOFF	16850 S. GLADES DR 4K	N MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER	ANTONIO SILVA	16850 S GLADES DR 4J	N MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER	ROSELIA NUNEZ	16850 S. GLADES DR 4F	N MIAMI BEACH FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 **Feb-9-2005** Daytime Phone # **786-412-2312**

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