

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

16850 S 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 Drive
Suite, Apt. #, etc.
3K

3. Mailing Address

SAME
Suite, Apt. #, etc.
SAME

City & State

NORTH MIAMI Beach
Zip
33162 Country
USA

City & State

SAME
Zip
SAME Country
SAME

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 (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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 9/2005

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

CARMEN SERRANO

Feb-9-2005

786-412-2312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #