

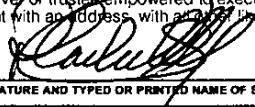


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90050 006 ****61.25

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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	
				Street Address (P.O.-Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 		Felix Castillo		02-08-06	
Signature, typed or printed name of registered agent and the filer, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, CARMEN		NAME	FELIX CASTILLO	
STREET ADDRESS	16850 S GLADES DR, #3K		STREET ADDRESS	16850 S GLADES DR #6D	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, CARMEN		NAME	DANIEL GAMBETTA	
STREET ADDRESS	16850 SOUTH GLADES DR 3K		STREET ADDRESS	16850 S. GLADES DR # 6K	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, PEDRO		NAME	JOSE LUIS VALDES	
STREET ADDRESS	16850 S GLADES DR 5J		STREET ADDRESS	16850 S. GLADES DR # 7F	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPENKOPF, MANUEL		NAME	JORGE LUIS PADRON	
STREET ADDRESS	16850 S GLADES DR 4K		STREET ADDRESS	16850 S. GLADES DR # 7D	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, ANTONIO		NAME	SELFA LEON	
STREET ADDRESS	16850 S GLADES DR 4J		STREET ADDRESS	16850 S. GLADES DR # 7H	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, ROSELIA		NAME		
STREET ADDRESS	16850 S GLADES DR 4F		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		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 which I am empowered.					
SIGNATURE: 		Felix Castillo		02-08-06 305 9197725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	