

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 09, 2006
Secretary of State

DOCUMENT# 714823

Entity Name: ANDOR PLAZA ASSOCIATION, INC.

Current Principal Place of Business:16850 S GLADES DR
3K
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:**16850 S GLADES DR
6D
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**16850 SOUTH GLADES DR
3K
NORTH MIAMI BEACH, FL 33162 US**New Mailing Address:**16850 SOUTH GLADES DR
6D
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 59-1303156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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.

SIGNATURE: FELIX CASTILLO, PD

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: CASTILLO, FELIX
Address: 16850 S GLADES DR 6D
City-St-Zip: N MIAMI BEACH, FL 33162Title: VD () Delete
Name: GAMBETTA, DANIEL
Address: 16850 S GLADES DR 6K
City-St-Zip: N MIAMI BEACH, FL 33162Title: TD () Delete
Name: VALDES, JOSE' L
Address: 16850 S GLADES DR 7F
City-St-Zip: N MIAMI BEACH, FL 33162Title: SD () Delete
Name: PADRON, JORGE L
Address: 16850 S GLADES DR 7D
City-St-Zip: N MIAMI BEACH, FL 33162Title: O () Delete
Name: LEON, SELFA
Address: 16850 S GLADES DR 7H
City-St-Zip: NORTH MIAMI BEACH, FL 33162**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LUIS VALDES

TD

04/09/2006

Electronic Signature of Signing Officer or Director

Date