




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90043 010 ****61.25

DOCUMENT # 714823			
1. Entity Name ANDOR PLAZA ASSOCIATION, INC.			
Principal Place of Business 16850 S GLADES DR 6D NORTH MIAMI BEACH, FL 33162		Mailing Address 16850 SOUTH GLADES DR 6D NORTH MIAMI BEACH, FL 33162 US	
2. Principal Place of Business - No P.O. Box # 16850 S. GLADES DR Suite, Apt. #, etc. 5A		3. Mailing Address 16850 S. GLADES DR Suite, Apt. #, etc. 5A	
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL	
Zip 33162	Country US	Zip 33162	Country US
6. Name and Address of Current Registered Agent CASTILLO, FELIX 16850 SOUTH GLADES DR 6D NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name FELIX CASTILLO Street Address (P.O. Box Number is Not Acceptable) 16850 S. GLADES DR APT 5A 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:  Felix Castillo, PD DATE: 01-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CACTILLO, FELIX		NAME CASTILLO FELIX	
STREET ADDRESS 16850 S GLADES DR 6D		STREET ADDRESS 16850 S. GLADES APT 5A	
CITY-ST-ZIP N MIAMI BEACH, FL 33162		CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAMBETTA, DANIEL		NAME ALAN GACEL	
STREET ADDRESS 16850 S GLADES DR 6K		STREET ADDRESS 16850 S. GLADES DR APT 8F	
CITY-ST-ZIP N MIAMI BEACH, FL 33162		CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, JOSE' L		NAME	
STREET ADDRESS 16850 S GLADES DR 7F		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADRON, JORGE L		NAME	
STREET ADDRESS 16850 S GLADES DR 7D		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEON, SELFA		NAME	
STREET ADDRESS 16850 S GLADES DR 7H		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.			
SIGNATURE:  Felix Castillo, PD		DATE: 01-22-07 DAYTIME PHONE #: 3059197726	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	

