


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 714823					
1. Entity Name ANDOR PLAZA ASSOCIATION, INC.					
Principal Place of Business 16850 S GLADES DR 5A NORTH MIAMI BEACH, FL 33162			Mailing Address 16850 SOUTH GLADES DR NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1303156				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTILLO, FELIX 16850 S. GLADES DRIVE APT 5A MIAMI, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	U00000855563 03/27/08-80055-013 61.25	
NAME	CACTILLO, FELIX		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	16850 S. GLADES APT 5A		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GACEL, ALAN		NAME		
STREET ADDRESS	16850 S GLADES DRIVE APT 8F		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33162		CITY-ST-ZIP		
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 information.					
SIGNATURE: _____			_____ Signature and Typed or Printed Name of Signing Officer or Director		
			Date: 03/10/08 Daytime Phone #: 305 919 7724		