


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90398 007 \*\*\*\*61.25

<b>DOCUMENT # 720169</b> 1. Entity Name <b>CARLYLE PLAZA, INC.</b>					
Principal Place of Business <b>7620 CARLYLE AVENUE</b> <b>MIAMI BEACH FL 33141 US</b>			Mailing Address <b>7620 CARLYLE AVENUE</b> <b>MIAMI BEACH FL 33141 US</b>		
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		4. FEI Number <b>59-1401091</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALTSZYLER, WILLIAM</b> <b>7620 CARLYLE AVE</b> <b>602</b> <b>MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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, 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					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALTSZYLER, WILLIAM</b>		NAME		
STREET ADDRESS	<b>760 CARLYLE AVE UNIT 602</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ, ERIKA</b>		NAME		
STREET ADDRESS	<b>7620 CARLYLE UNIT 304</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VARTICOVSKI, ELIZABETH</b>		NAME		
STREET ADDRESS	<b>7620 CARLYLE AVE UNIT 706</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GONZALEZ, ROSANNA</b>		NAME	<b>GONZALEZ, ROSANNA</b>	
STREET ADDRESS	<b>7620 CARLYLE AVE UNIT 407</b>		STREET ADDRESS	<b>7620 CARLYLE AVE 407</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILA, LUIS</b>		NAME		
STREET ADDRESS	<b>7620 CARLYLE AVE UNIT 204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPENCE, MARTHA</b>		NAME		
STREET ADDRESS	<b>7620 CARLYLE AVENUE UNIT 903</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>		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.					
<b>SIGNATURE:</b> <u>WILLIAM ALTSZYLER</u>			<u>William Altszyler</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <u>4/3/08</u>		
			<small>Daytime Phone #</small> <u>305-866-9427</u>		