

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750302

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: JEFFERSON PLAZA CONDOMINIUM, INC.

## Current Principal Place of Business:

1612 JEFFERSON AVE  
PH 3  
MIAMI BCH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

1612 JEFFERSON AVE  
PH 1  
MIAMI BEACH, FL 33139 US

## New Mailing Address:

FEI Number: 59-2043564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, PETER  
1612 JEFFERSON AVE.  
PH 1  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MAROSI, DANIEL  
Address: 1612 JEFFERSON AVE, PH-4  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: SCHIFF, JANET  
Address: 1612 JEFFERSON AVE. 302  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: SALAFATINOS, TINA  
Address: 1612 JEFFERSON AVE 403  
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD ( ) Delete  
Name: GONZALEZ, PETER  
Address: 1612 JEFFERSON AVE PH-1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GARCIA, ANTONIO  
Address: 1612 JEFFERSON AVE 301  
City-St-Zip: MIAMI BEACH, FL 33139

## 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 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: PETER GONZALEZ

STD

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date