

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90420 042 \*\*\*150.00

**DOCUMENT # F98000003065**

1. Entity Name  
**PLAZA PUERTO RICO MANAGEMENT, INC.**



Principal Place of Business  
**28801-29129 US 19N  
CLEARWATER, FL**

Mailing Address  
**MSC 621 89 DE DIEGO AVE  
STE 105  
SAN JUAN, PR 00927**

2. Principal Place of Business  
**28801-29129 US Hwy 19N**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 8351**  
Suite, Apt. #, etc.



02222006 Chg-P CR2E034 (11/05)

City & State  
**Clearwater, Fl.**

City & State  
**Clearwater, Fl.**

4. FEI Number  
**66-0532586**

Applied For  
Not Applicable

Zip  
**33761**

Country  
**USA**

Zip  
**33758**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLDSMITH, SALLY S  
1017 OAK LAKE DR  
CLEARWATER, FL 33764**

**7. Name and Address of New Registered Agent**

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

*Sally S. Goldsmith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

*3/25/06*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**P** ☐ Delete  
NAME  
**SELGER, SERGIO GABRIEL**  
STREET ADDRESS  
**MSC 621 89 DE DIEGO AVE STE 105**  
CITY-ST-ZIP  
**SAN JUAN, PR 00927**

TITLE  
**ST** ☐ Delete  
NAME  
**FEINBERG, MINDY**  
STREET ADDRESS  
**MSC 621 89 DE DIEGO AVE**  
CITY-ST-ZIP  
**SAN JUAN, PR 00927**

TITLE  
**ST** ☐ Delete  
NAME  
**NATHAN, CLARA ZARAGOZA**  
STREET ADDRESS  
**1277 CASTILLO DEL MAR**  
CITY-ST-ZIP  
**ISLA VERDE, PR 00979**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, 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:

*Sally S. Goldsmith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/06*

DATE

*727-798-1177*

Daytime Phone #