

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90001 037 ***150.00

DOCUMENT # F98000005887

1. Entity Name
C.S. PLAZA CORP.



Principal Place of Business
**100 QUARRY ROAD, STE 2
HAMBURG, NJ 07419 US**

Mailing Address
**100 QUARRY ROAD, STE 2
402-412 ROUTE 23
HAMBURG, NJ 07419 US**

50001584



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1560167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVITT, MORTIMER 10 EAST 82ND STREET NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEVITT, ANNEMARIE 10 EAST 82ND STREET NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAIFETZ, MALCOLM 350 FIFTH AVENUE, STE 6304 NEW YORK, NY 10118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EBERLY, KATHY 100 QUARRY ROAD, STE 2 HAMBURG, NJ 07419
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathy Eberly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2005 973-823-1143