

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 019 \*\*\*150.00

**DOCUMENT # J96365**

1. Entity Name  
**WESTWOOD PLAZA MANAGEMENT, INC.**



Principal Place of Business  
**1550 MADRUGA AVE  
230  
CORAL GABLES, FL 33146 US**

Mailing Address  
**1550 MADRUGA AVE.  
230  
CORAL GABLES, FL 33146 US**

**50010558**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0033483**

Applied For  
Not Applicable

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

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

**MARTIN H SHANE  
1550 MADRUGA AVE SUITE 230  
CORAL GABLES, FL 33146**

**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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
SHANE, MARTIN H.  
9040 SW 51 ST  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
STEIN, SAUL  
13705 SW 82 COURT  
MIAMI, FL 33158**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
LEWIS, EDGAR  
1 GROVE ISLE DRIVE #A905  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROBERTS, PETER A.  
9345 SW 130 ST  
MIAMI, FL 33176**

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 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:**

*Peter A. Roberts Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/06/06*  
Date

*305-667-6461*  
Daytime Phone #