

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 018 ***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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0033483			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SHANE, MARTIN H. <input type="checkbox"/> Delete 9040 SW 51 ST MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIMNY, JAMES F, JR 1550 MADRUGA AVE STE 230 CORAL GABLES FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete STEIN, SAUL 13705 SW 82 COURT MIAMI, FL 33158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUL STEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 JEFFERSON AVE APT 442 MIAMI BEACH FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete LEWIS, EDGAR 1 GROVE ISLE DRIVE #A905 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ROBERTS, PETER A. 9345 SW 130 ST MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, PETER A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14930 SW 86 AVE MIAMI FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			James F. Zimny, Jr. 4/29/08 305667-6461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		