

ANNUAL REPORT

DOCUMENT # K60242

1. Entity Name
PARKWOOD OFFICE PLAZA, INC.



FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90034 044 ***150.00

Principal Place of Business

10250 SW 56TH ST.
A-101 C-102
MIAMI, FL 33165 US

Mailing Address

10250 SW 56TH ST.
A-101
MIAMI, FL 33165 US

2. Principal Place of Business

10250 SW 56 ST

3. Mailing Address

10250 SW 56 ST

Suite, Apt. #, etc.

C-102

Suite, Apt. #, etc.

C-102

City & State

Miami

City & State

Miami FL

Zip

FL 33165

Country

DADE

Zip

FL 33165

Country

DADE

03092005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0151263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUIS I. DECASTRO
10250 SW 56TH ST #C102
MIAMI, FL 33165

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

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 P ☐ Delete
NAME IGLESEAS, MARCIA
STREET ADDRESS 10250 MILLER DR C-102
CITY-ST-ZIP MIAMI, FL

TITLE SC ☐ Delete
NAME SANTAMARIA, CARMEN L
STREET ADDRESS 10250 MILLER DR SUITE C-102
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 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:

Signature and typed or printed name of officer or director

3/10/05 (305) 273 7555