

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                 |                                                                                                                     |                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K60242</b><br>1. Entity Name<br><b>PARKWOOD OFFICE PLAZA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                 |                                                                                                                     |                                                                                                                                        |  |
| Principal Place of Business<br><b>10250 SW 56TH ST.<br/>C-102<br/>MIAMI, FL 33165 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                 | Mailing Address<br><b>10250 SW 56TH ST.<br/>C-102<br/>MIAMI, FL 33165 US</b>                                        |                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address              |                                                                                                                     |                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc.             |                                                                                                                     |                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State                    |                                                                                                                     |                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                            | Zip                             | Country                                                                                                             |                                                                                                                                        |  |
| 5. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                 |                                                                                                                     | 7. Name and Address of Now Registered Agent                                                                                            |  |
| <b>LUIS I. DECASTRO</b><br><b>10250 SW 56TH ST #C102</b><br><b>MIAMI, FL 33165</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                 |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                 |                                                                                                                     |                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                                  | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>IGLESEAS, MARCIA</b>            |                                 | NAME                                                                                                                |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10250 MILLER DR C-102</b>       |                                 | STREET ADDRESS                                                                                                      |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MIAMI, FL</b>                   |                                 | CITY-ST-ZIP                                                                                                         |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SC                                 | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SANTAMARIA, CARMEN L</b>        |                                 | NAME                                                                                                                |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>10250 MILLER DR SUITE C-102</b> |                                 | STREET ADDRESS                                                                                                      |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MIAMI, FL</b>                   |                                 | CITY-ST-ZIP                                                                                                         |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                 | NAME                                                                                                                |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                 | CITY-ST-ZIP                                                                                                         |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                 | NAME                                                                                                                |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                 | CITY-ST-ZIP                                                                                                         |                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                 | NAME                                                                                                                |                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                 | STREET ADDRESS                                                                                                      |                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                 | 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                 | 4/10/06 305 2737555                                                                                                 |                                                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                 | Date Daytime Phone #                                                                                                |                                                                                                                                        |  |