## 2008 FOR PROFIT COPPORATION ANNUAL KEPÖRT

## **DOCUMENT # L17315**

1. Entity Name
POPULAR PLAZA CORPORATION



FILED Jan 31, 2008 08:00 A Secretary of State

Principal Place of Business

5915 85 W 25 CT HIALEAH, FL 33016 Malling Address

5915 85 W 25 CT HIALEAH, FL 33016



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0144627 Applied For
Not Applicable

5. Certificate of Status Desired Sand Fee Required

6. Name and Address of Current Registered Agent

TRIAY, CARLOS A 3750 NW 87 AVE STE 100 MIAMI, FL 33178 DO NOT WRITE

			Richards (Many 11 &		15 1 2 1 1 1 1 2 - 1 6 b
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE					<del></del> ,
• •	Signature, typed or printed name of registered agent and little in	applicable (NOTE Registere	d Agent eignature required when reinstating)	DATE	·
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	上下1944年300年30年30年30年30年31日		CLICANISE TO SA
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT GONZALEZ, REYNALDO E. 1325 NW 93 CT #B-108 MIAMI, FL 33172 VPS GONZALEZ, PRISCILLA 1325 NW 93 CT #B-108			12/06/08-80064-0 02/06/08-80064-0	
CITY-ST-ZIP	MIAMI, FL 33172				
NAME STREET ADDRESS CITY-ST-ZIP			Do	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-08

305-436-080

Daylime Phone