

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90032 007 \*\*\*150.00

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<b>DOCUMENT # L35924</b> 1. Entity Name <b>MIRAMAR PLAZA ASSOCIATES, INC.</b>					
Principal Place of Business <b>C/O RONALD L. COLLIER 240 S. PINEAPPLE SARASOTA, FL 34236-6783</b>			Mailing Address <b>1937 GOLF STREET SARASOTA, FL 34236</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>711 S. Osprey Ave.</b> Suite, Apt. #, etc. <b>Suite 1</b>			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>65-0160234</b>	
Zip <b>34236</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PARKER, MINDY K 1937 GOLF STREET SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Mindy K Parker</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 S. Osprey Ave Ste 1</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>		
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 <u><i>Mindy K Parker</i></u> DATE <u>3/24/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election, Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAUFFMAN, GARY</b> <input type="checkbox"/> Delete <b>316 W. 82ND ST. #2R</b> <b>NEW YORK, NY 10024</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1879 Prospect St</b> <b>Sarasota FL 34239</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST KALIN, EDWARD L.</b> <input type="checkbox"/> Delete <b>5252 S. TAMiami TRAIL</b> <b>SARASOTA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PARKER, MINDY K</b> <input type="checkbox"/> Delete <b>1937 GOLF ST.</b> <b>SARASOTA, FL 34236</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>711 S. Osprey Ave.</b> <b>Sarasota, FL 34236</b>	
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	
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 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: <u><i>Mindy K Parker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/29/05</u> <u>941 954-4041</u> <small>Date Daytime Phone #</small>		