
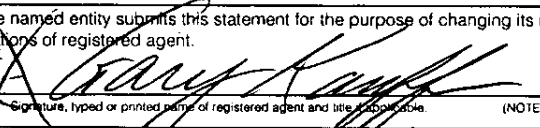
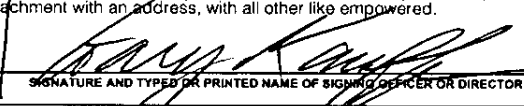


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 027 ***150.00

DOCUMENT # L35924 1. Entity Name MIRAMAR PLAZA ASSOCIATES, INC.					
Principal Place of Business C/O RONALD L. COLLIER 240 S. PINEAPPLE SARASOTA, FL 34236-6783			Mailing Address 711 S OSPREY AVE STE 1 SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # c/o GARY KAUFFMAN		3. Mailing Address Suite, Apt. #, etc. 1990 MAIN ST, 700			
City & State SARASOTA FL		City & State City SARASOTA		4. FEI Number 65-0160234	
Zip 34236		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, MINDY K 7116 S OSPREY AVE STE 1 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name GARY KAUFFMAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN ST STE 700 City SARASOTA FL Zip Code 34236	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title (Not Applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D KAUFFMAN, GARY 1879 PROSPECT ST SARASOTA, FL 34239	<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	DST KALIN, EDWARD L. 5252 S. TAMiami TRAIL SARASOTA, FL	<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	S PARKER, MINDY K 711 S OSPREY AVE SARASOTA, FL 34236	<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	(Empty)	<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	(Empty)	<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	(Empty)	<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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					