2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 09, 2005 08:00 AM DOCUMENT # L73354 1. Entity Name **Secretary of State** KENIA PLAZA CORPORATION Principal Place of Business Mailing Address % KENIA FRANQUI 11113 NW 7 STREET #103 MIAMI FL 33172 % KENIA FRANQUI 11113 NW 7 STREET #103 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0202870 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANQUI, KENIA Street Address (P.O. Box Number is Not Acceptable) 10040 SW 42ND ST **MIAMI FL 33165** Zip Code FL 3. 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. TITLE Change ☐ Addition PD TITLE ☐ Delete NAME FRANQUI, KENIA U000003221777 02/03/05-80045-022 150.00 14511 S.W. 268 ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NARANJA FL 33032 Change Addition DVS ☐ Delete mutTITLE SUAREZ, ELDA NAME NAME STREET ADDRESS STREET ADDRESS 14511 S.W. 268 ST. CITY-ST-ZIP NARANJA FL 33032 CITY-ST-ZIP HHE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delefe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change 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 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

Daytime Phone #

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR