

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L88633

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** OKEECHOBEE SERVICE PLAZA, INC.

**Current Principal Place of Business:**

398 WEST 9TH STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

398 WEST 9TH STREET  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-0209724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AROCHENA, MAIDA  
640 WEST 72ND PL.  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

AROCHENA, MAIDA  
18640 SW 17 CT  
MIRAMAR, FL 33029 US

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.

SIGNATURE: MAIDA AROCHENA

03/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: AROCHENA, WILLIAM  
Address: 18640 SW 17 CT  
City-St-Zip: MIRAMAR, FL 33029

Title: T  
Name: AROCHENA, MAIDA  
Address: 18640 SW 17 CT  
City-St-Zip: MIRAMAR, FL 33029

Title: S  
Name: AROCHENA, DINORAH  
Address: 7710 CENTER BAY DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DINORAH AROCHENA

S

03/12/2011

Electronic Signature of Signing Officer or Director

Date