## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M30238

FILED Apr 12, 2005 Secretary of State

Entity Name: MIRAMAR PLAZA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2229 N.W. 27TH AVE. MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 2229 N.W. 27TH AVE. MIAMI, FL 33142 FEI Number: 65-0007206 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTEGA, JOSE A 2229 N.W. 27TH AVE MIAMI, FL 33142 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MACHADO, JOSE LUIS, MACHADO, JOSE LUIS, Name: Name: 2229 NW 27TH AVE. 2229 NW 27TH AVE. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33142 Title: Title: () Change () Addition () Delete Name: ORTEGA, JOSE A., Name: 200 CASUARINA ST. Address: Address: CORAL GABLES, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: TD (X) Change ( ) Addition RODRIGUEZ, RAMON, Name: RODRIGUEZ, RAMON, Name: 2229 NW 27TH AVE. 2229 NW 27TH AVE. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33142 Title: **VPD** ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE LUIS MACHADO PD 04/12/2005

GUILLERMINA, ALDUNCIN

1600 MICANOPY AVE.

COCONUT GROVE, FL

Name: Address:

City-St-Zip: