


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # M35791 1. Entry Name SHOPPING PLAZA CORP.	
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Principal Place of Business 2742 SW 8TH STREET SUITE 21 MIAMI FL 33135	Mailing Address POST OFFICE BOX 140937 CORAL GABLES FL 33114
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-2718901** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK LOPEZ
2025 SECOFFEE STREET
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of the individual or the applicable SINGLE Registered Agent (including the person who is changing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MUNILLA, PEDRO	
STREET ADDRESS	6201 SW 70 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, FRANK	
STREET ADDRESS	2025 SECOFFEE STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	00000000000000000000	
STREET ADDRESS	04/23/08-80091-021 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer or trustee empowered.

SIGNATURE:  **Frank Lopez** **2/5/08 (305) 788-4939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR