2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M36555

1. Entity Name
EDAL PLAZA, INC.

Principal Place of Business	Mailing Address
1428 ALGARDI AVE. CORAL GABLES, FL 33146 US	1428 ALGARDI AVE. CORAL GABLES, FL 33146 US

%C/2111666666F&

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2778081
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANS, ALICIA
1428 ALGARDI AVENUE
CORAL GABLES, FL 33146

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000223394
02/10/05-80040-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARANGO, EDUARDO
STREET ADDRESS	10420 SW 97TH CT
CITY-ST-ZIP	MIAMI, FL
TITLE	DVT
NAME	JORGE, ALBERTO
STREET ADDRESS	5901 SW 86TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	BRYANS, ALICIA
STREET ADDRESS	1428 ALGARDI AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Alicia Bryans 2/7/05 (305) 461-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALICIA BRYANS Date Daytime Phone #