

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M36555 1. Entity Name EDAL PLAZA, INC.		
Principal Place of Business 1428 ALGARDI AVE. CORAL GABLES, FL 33146 US	Mailing Address 1428 ALGARDI AVE. CORAL GABLES, FL 33146 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRYANS, ALICIA 1428 ALGARDI AVENUE CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARANGO, EDUARDO 10420 SW 97TH CT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT JORGE, ALBERTO 5901 SW 86TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRYANS, ALICIA 1428 ALGARDI AVE CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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 all other like empowered.		
SIGNATURE: <u>Alicia Bryans</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ALICIA BRYANS</u> Date <u>1/9/06</u> Daytime Phone # <u>(305) 271-5749</u>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2778081

Applied For
Not Applicable

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

000000382966
01/12/06-80033-019 150.00

**DO NOT WRITE
IN THIS SPACE**