

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M36555

Entity Name: EDAL PLAZA, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

1428 ALGARDI AVE.  
CORAL GABLES, FL 33146 US

## New Principal Place of Business:

27525-97 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33032 US

## Current Mailing Address:

1428 ALGARDI AVE.  
CORAL GABLES, FL 33146 US

## New Mailing Address:

FEI Number: 59-2778081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANS, ALICIA  
1428 ALGARDI AVENUE  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: ARANGO, EDUARDO,  
Address: 9121 SW 122 AVE, APT. #101  
City-St-Zip: MIAMI, FL 33186

Title: DVT ( ) Delete  
Name: JORGE, ALBERTO,  
Address: 5901 SW 86TH ST  
City-St-Zip: MIAMI, FL

Title: DS ( ) Delete  
Name: BRYANS, ALICIA,  
Address: 1428 ALGARDI AVE  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARANGO, EDUARDO,  
Address: 9019 SW 112 PLACE  
City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: BRYANS, ALICIA,  
Address: 1428 ALGARDI AVE  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ALICIA BRYANS

DS

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date