


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M41022 1. Entity Name ISLAMORADA PLAZA, INC.	
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Principal Place of Business C/O CECELIA JONES 19801 N. E. 10TH CT. N. MIAMI FL 33179	Mailing Address C/O CECELIA JONES 19801 N. E. 10TH CT. N. MIAMI FL 33179
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0012843
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent JONES, CECELIA 19801 N.E. 10TH CT. N. MIAMI FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD JONES, CECELIA 19801 N.E. 10TH CT. N. MIAMI FL	TITLE NAME	U00000426248 02/20/06-80036-011 150.00
STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE NAME	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Delete <input type="checkbox"/>	TITLE NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecelia Jones* 1-28-2006 302-602-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #