


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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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02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, CECELIA
 19801 N.E. 10TH CT.
 N. MIAMI, FL 33179

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 *Cecelia Jones* ~~005-4500453-1009068796~~
DEPOSIT ONLY 150.00
03/12/08-80029-026

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, 2008 Fee will be \$550.00

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

~~005-4500453-1009068796~~
DEPOSIT ONLY 150.00
03/12/08-80029-026

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JONES, CECELIA
STREET ADDRESS	19801 N.E. 10TH CT.
CITY-ST-ZIP	N. MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

~~005-4500453-1009068796~~
DEPOSIT ONLY 150.00
03/12/08-80029-026

460000844484
3/12/8 - 80029-026
**DO NOT WRITE
IN THIS SPACE**

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: *Cecelia Jones* 3-1-2008 305-622-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #