


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M63174 1. Entity Name TAMIAMI LAKES PLAZA, INC.	
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Principal Place of Business 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145	Mailing Address 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0023805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPITAL DEVELOPMENT & INVESTMENT CORP.
2150 CORAL WAY 6 FLOOR
MIAMI, FL 33145

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 01/18/06-80061-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	VT
NAME	GUERRERO, ELIDES
STREET ADDRESS	2150 CORAL WAY, - 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL
TITLE	PDS
NAME	ARRAIZ, JUAN T.
STREET ADDRESS	2150 CORAL WAY - 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hector Ludio 1/6/06 305-858-5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HECTOR LUDIO