## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M63174

Entity Name: TAMIAMI LAKES PLAZA, INC.

2150 CORAL WAY-SUITE 6-A

MIAMI, FL 33145

Address: City-St-Zip: FILED Jan 30, 2009 Secretary of State

Littly Na	IIIE. TAIVIIAIVI	LANES FLAZA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
2150 CORAL WAY			:	2150 CORAL WAY		
6-A	004.45			SUITE 6-A		
MIAMI, FL 33145				MIAMI, FL 33145		
Current Mailing Address:				New Mailing Address:		
2150 COR 6-A MIAMI, FL				2150 CORAL WAY SUITE 6-A MIAMI, FL 33145		
FEI Number	: 65-0023805	FEI Number Applied For ( )	FEI Numi	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CAPITAL DEVELOPMENT & INVESTMENT CORP. 2150 CORAL WAY 6-A MIAMI, FL 33145 US				CAPITAL DEVELOPMENT & INVESTMENT CORP. 2150 CORAL WAY SUITE 6-A MIAMI, FL 33145 US		
	e named entity e of Florida.	submits this statement for the p	purpose of	changing its registered	d office or registered agent, or both,	
SIGNATURE:					01/30/2009	
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ( GUERRERO, E 2150 CORAL V MIAMI, FL 33	VAY, - 6-A	1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PDS ( ARRAIZ, JUAN 2150 CORAL \ MIAMI, FL 33'	VAY - 6-A	1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T ( ARRAIZ, JAVIE	) Delete ER		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JUAN T. ARRAIZ PDS 01/30/2009