2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N00000005241

Entity Name: JACKSON PLAZA, INC.

Current Principal Place of Business:

320 COLLINS AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

1861 NW 8 AVENUE
MIAMI, FL 33136

Current Mailing Address:

320 COLLINS AVE
MIAMI BEACH, FL 33139

New Mailing Address:

1800 NE 168 STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-1040926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZUBKOFF, WILLIAM
320 COLLINS AVE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ZUBKOFF, WILLIAM
1800 NE 168 STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162 US

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: WILLIAM ZUBKOFF 04/30/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GALBUT, RUSSELL
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete
Name: ZUBKOFF, WILLIAM
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD ( ) Delete
Name: KALUS, ELLIOT
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GALBUT, RUSSELL
Address: 1800 NE 168 STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PD (X) Change ( ) Addition
Name: ZUBKOFF, WILLIAM
Address: 1800 NE 168 STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: STD (X) Change ( ) Addition
Name: KALUS, ELLIOT
Address: 1800 NE 168 STREET, SUITE 200
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ZUBKOFF PD 04/30/2007
Electronic Signature of Signing Officer or Director Date