

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 001 ****61.25

DOCUMENT # N03000002570 1. Entity Name B-PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2101 E HALLANDALE BEACH BLVD 304 HALLANDALE, FL 33009 US		Mailing Address 2101 E HALLANDALE BEACH BLVD 304 HALLANDALE, FL 33009	
2. Principal Place of Business 8050 N. UNIVERSITY DR		3. Mailing Address 8050 N. UNIVERSITY DRIVE	
Suite, Apt. #, etc. 410 HOUSE		Suite, Apt. #, etc. 410 HOUSE	
City & State TAMARAC, FLORIDA		City & State TAMARAC, FLORIDA	
Zip 33321		Zip 33321	
Country USA		Country USA	
4. FEI Number 20-2027901		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 SMITH, GARY V ESQ LYONS AND SMITH PA 1230 NW SEVENTH STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Barry Sokoloff Street Address (P.O. Box Number is Not Acceptable) 8050 N. UNIVERSITY DR #205 City TAMARAC, FL Zip Code 33321	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BITON, AMNON	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT
STREET ADDRESS 2101 E HALLANDALE BEACH BLVD SUITE 304	CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Change	NAME BARRY SOKOLOFF
TITLE VD	NAME BITON, MOSHE	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 8050 N. UNIVERSITY DRIVE 410 HOUSE
STREET ADDRESS 2101 E HALLANDALE BEACH BLVD SUITE 304	CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Change	CITY-ST-ZIP TAMARAC, FL 33321
TITLE STD	NAME SHARABI, KEREN	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT
STREET ADDRESS 2101 E HALLANDALE BEACH BLVD SUITE 304	CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Change	NAME Indrovaite Ramdin
TITLE SECRETARY / TREASURER	NAME MARCIA McPHERSON	<input type="checkbox"/> Change	STREET ADDRESS 8050 N. UNIVERSITY DR. 410 HOUSE
STREET ADDRESS HALLANDALE, FL 33009	CITY-ST-ZIP HALLANDALE, FL 33009	<input type="checkbox"/> Addition	CITY-ST-ZIP TAMARAC, FL 33321
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change	STREET ADDRESS CITY-ST-ZIP
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 617, 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 files empowered.			
SIGNATURE:		Date 1/12/06 Daytime Phone # 954-580-2378	