


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005236 1. Entity Name TRANSFLORIDA OFFICE PLAZA, INC.	
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Principal Place of Business 9122 GRIFFIN RD COOPER CITY, FL 33328 US	Mailing Address 9122 GRIFFIN RD COOPER CITY, FL 33328 US
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01232007 No Chg-NP CR2E037 (4/06)

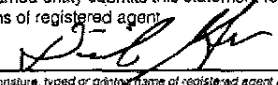
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0648134	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GROSSMAN, DANIEL 9122 GRIFFIN RD COOPER CITY, FL 33328

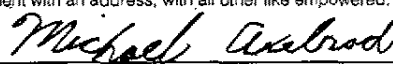
DO NOT WRITE IN THIS SPACE

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  (NOTE: Registered Agent Signature required when reinstating) DATE 1-24-07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000617134 02/07/07-80064-028 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AXELROD, MICHAEL 9116 GRIFFIN RD COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AXELROD, MICHAEL 9116 GRIFFIN RD COOPER CITY, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 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 like empowered.
SIGNATURE:  1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #