



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90083 001 ***300.00

DOCUMENT # P00000008406					
1. Entity Name URU PLATA, CORP.					
Principal Place of Business 1200 BRICKELL AVE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1911 NW 150 Avenue		3. Mailing Address 1911 NW 150 Avenue		66000423 	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL			
Zip 33028	Country USA	Zip 33028	Country USA		
6. Name and Address of Current Registered Agent LOPEZ, PETER M 1200 BRICKELL AVE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name <u>Peter M. Lopez, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1911 NW 150 Avenue, Suite 201</u> City <u>Pembroke Pines</u> <u>FL</u> Zip Code <u>33028</u>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETCHEPARE, JOSE P 1200 BRICKELL AVE, STE 860 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Etchepare, Jose P. 1911 NW 150 Ave, Ste 201 Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Director		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date <u>1/21/07</u> Daytime Phone # _____		