2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2005 08:00 AM **DOCUMENT # P00000055906 Secretary of State** 1. Entity Name INTERNATIONAL PLAZA, INC. Principal Place of Business Mailing Address 747 S.W. SOUTH MACEDO BLVD. 747 S.W. SOUTH MACEDO BLVD. PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 02142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-1022826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAUN, JEFFREY S DO NOT WRITE 747 S.W. SOUTH MACEDO BLVD. PORT ST. LUCIE, FL 34983 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE **BRAUN, JEFFREY 8** NAME STREET ADDRESS 747 S.W. SOUTH MACEDO BLVD CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 ___U00000241956 02/24/05-80063-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 laddress, with all other like empowered.

FILED

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Daytime Phone #