2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P01000022507

1. Entity Name

PLAZA RESEARCH CORPORATION - TAMPA



Princip	al Place o	f Business

Mailing Address

4301 ANCHOR PLAZA PKWY

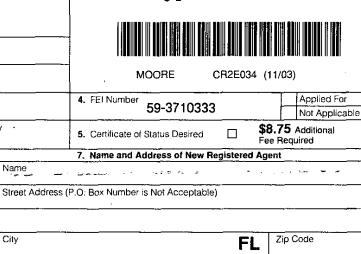
120 RT 17 NORTH

TAMPA FL 33634 2. Principal Place of Business Suite, Apt. #, etc. City & State		PARAMUS NJ 07652			
		3. Mailing Address			
		Suite, Apt. #, etc. City & State			
					Zip
	6. Name and Address of Ci	Irrent Registered Agent			

FILED Mar 24, 2004 8:00 am Secretary of State

03-24-2004 90039 041 ***150.00

74000000



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. Lam familiar with, and accept the obligations of registered agent.

SIGNATURE

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

STEIN, MEREDITH 40000 HOLLYWOOD BLVD STE 200N

HOLLYWOOD FL 33021

(NOTE: Registered Agent signature required when reinstating)

Name

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$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	P [ROBBINS, BARRY 120 ROUTE 17 NORTH SUITE 201 PARAMUS NJ 07652	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBBINS, DAVID 120 ROUTE 17 NORTH SUITE 201 PARAMUS NJ 07652	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S [ROBBINS, AUDREY 120 ROUTE 17 NORTH SUITE 201 PARAMUS NJ 07652	Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change	☐ Addition		
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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							