

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90043 029 ***150.00

DOCUMENT # P01000112315

1. Entity Name
MODERNA PLAZA, INC.



Principal Place of Business
**231 DEL PRADO BLVD. SOUTH
UNIT #12
CAPE CORAL, FL 33990 US**

Mailing Address
**231 DEL PRADO BLVD. SOUTH
UNIT #12
CAPE CORAL, FL 33990 US**

40050346



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

90-0003781

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LA SPIA, SAVERIO
3013 SE 5TH AVENUE
CAPE CORAL, FL 33904**

Name **ANNA LA SPIA**

Street Address (P.O. Box Number is Not Acceptable)

**1840 PICCADILLY CIRCLE
CAPE CORAL FL 33991**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$650.00**

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
**PSTD
LA SPIA, SAVERIO
3013 SE 5TH AVENUE
CAPE CORAL, FL 33904** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LA SPIA, ANNA
3013 SE 5TH AVENUE
CAPE CORAL, FL 33904** ☐ Delete

TITLE
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**LA SPIA, ANNA
1840 PICCADILLY CIRCLE
CAPE CORAL, FL 33991** ☒ Change ☐ Addition

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #