## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000036237

Entity Name: DESERT PLAZA CORP.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18851 NE 29TH AVE 1000 E. HALLANDALE BEACH BLVD. AVENTURA, FL 33180 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

PO BOX 611510 NORTH MIAMI, FL 332611510

FEI Number: 86-1067522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIRULNIK, ALEX D ESQ
3440 HOLLYWOOD BLVD STE 360
HOLLYWOOD, FL 33021 US
SIRULNIK, ALEX D ESQ
1000 E. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: ALEX D SIRULNIK 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVST () Delete Title: PVST (X) Change () Addition

Name: FISCHER, WALTER Name: FISCHER, WALTER
Address: 18851 NE 29TH AVE Address: 1000 E. HALLANDALE BEACH BLVD

Address: 18851 NE 29TH AVE Address: 1000 E. HALLANDALE BEACH BLVD City-St-Zip: AVENTURA, FL 33180 City-St-Zip: HALLANDALE BEACH, FL 33009

Name: FISCHER, WALTER Name: FISCHER, WALTER

Address: 18851 NE 29TH AVE
City-St-Zip: AVENTURA, FL 33180

Address: 1000 E HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: GROSSKOPF, MANUEL P ( GROSSKOPF, MANUEL

Name:GROSSKOPF, MANUELName:GROSSKOPF, MANUELAddress:18851 NE 29TH AVEAddress:1000 E. HALLANDALE BEACH BLVD.

Address: 18851 NE 291H AVE Address: 1000 E. HALLANDALE BEACH BLY
City-St-Zip: AVENTURA, FL 33180 City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL GROSSKOPF P 04/16/2009