2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # P02000122649 1. Entity Name FLORIDA CITY PLAZA, INC.						04-03-2006 90394 037 ***150.00				
Principal Plac	e of Business		ailing Address		-	1	υυυ	HUIV	v	
Principal Place of Business Mailing Address 17955 S.W. 172ND STREET 17955 S.W. 172ND STREET MIAMI, FL 33187 MIAMI, FL 33187									1818 Phri B 181 8 18	********
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		•	Suite, Apt. #, etc.			01042006	Chg-P	CR2E	034 (11/05)	
City & State			City & State			4. FEI Numbe 75-3087				oplied For
Zip Country			Zip Cour		try	5 Certificate of Status Desired \$8.75 A		\$8.75 Add	ditional	
	6. Name and Addre	ss of Current Regis	tered Agent			7. Name and	Address of New R	tegistered	Agent	
TINOCO, RAFAEL				Name						
17955 S.W. 172ND STREET MIAMI, FL 33187					Street Address (P.O. Box Numbe	r is Not Acceptable	B)		
					City		····		Zip Cod	
8. The above	named entity submits the	nis statement for the p	ourpose of changing its	registere		red agent, or both	, in the State of Flo	FL orida. Lam	-	
the obligat	tions of registered agent	•		•		-				
SIGNATURE.										
	Signature, typed or printed name	e of registered agent and title	if applicable. (NOTE	: Registered	d Agent signature require	d when reinstating)		DATE		
					•			DATE		
FIL After Ma	E NOWIII FEE IS: ay 1, 2006 Fee wi	\$150.00	if applicable. (NOTE 9. Election Campai Trust Fund Contr	gn Finan	•	.00 May Be led to Fees		DATE		
After Ma	E NOWIII FEE IS Say 1, 2006 Fee wi	\$150.00	9. Election Campai Trust Fund Contr	gn Finanibution.	scing \$5	.00 May Be led to Fees	CHANGES TO OFF			
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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.

CITY-ST-ZIP

SIGNATURE: 10

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #