2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-21-2004 90064 026 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000000846

1. Entity Name
PLAZA STREET ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1840 SW 22 STREET 4TH FLOOR MIAMI FL 33145	1840 SW 22 STREET 4TH FLOOR MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
5757 Collins Ave	5757 Collins Ave
Suite, Apt. #, etc.: STE 2301	Suite, Apt. #, etc.: STE 2301
City & State: M/Beach Fl	City & State: M/Beach Fl
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 20-0041141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Lazaro M. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 5757 Collins Ave STE 2301
City: M/Beach FL Zip Code: 33140

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: Lazaro M. Gonzalez [signature] DATE: 04/08/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PDTO. LAZARO M. GONZALEZ 5757 Collins Ave STE 2301 M/Beach Fl 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/08/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #