
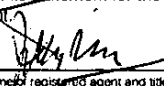



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 030 ***150.00

DOCUMENT # P03000079321 1. Entity Name 25 PLAZA CORP.					
Principal Place of Business 275 NE 18TH ST SUITE 101 MIAMI, FL 33132			Mailing Address 275 NE 18TH ST SUITE 101 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # 250 N.E 25 St		3. Mailing Address 250 N.E 25 St			
Suite, Apt. #, etc. Suit # 201		Suite, Apt. #, etc. Suit # 201			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33137	Country USA	Zip 33137	Country USA		
6. Name and Address of Current Registered Agent FERREIRA DE MELO, JOSE LUIS 275 NE 18TH ST, CU #101 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name FERREIRA de MELO, JOSE LUIS Street Address (P.O. Box Number is Not Acceptable) 250 N.E. 25 St. Suit # 201 City MIAMI FL Zip Code 33137		
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  JOSE LUIS FERREIRA DE MELO D. 1/8/8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FERREIRA DE MELO, JOSE LUIS <input type="checkbox"/> Delete 4779 COLLINS AVE #3605 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA DE MELO, MARTIN <input type="checkbox"/> Delete 4779 COLLINS AVE #3605 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELO, CARLOS F <input type="checkbox"/> Delete 275 18TH ST, CU #101 MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1/8/8 (305) 305-9008 <small>Date Daytime Phone #</small>		