

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 018 ***150.00

DOCUMENT# P03000105653
 1. Entity Name
 PLAZA RESORTS OF FORT LAUDERDALE III, INC.



Principal Place of Business: 2121 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311
 Mailing Address: 2419 E COMMERCIAL BLVD. STE. 100 FORT LAUDERDALE, FL 33308

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

03292005 Chg-P CR2E034 (10/03)
 4. FEI Number: 20-0285430 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLODIG, GREGORY J ESQ
 GREENSPOON MARDER HIRSCHFELD RAFKIN ET AL.
 100 W CYPRESS CREEK ROAD SUITE 700
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: VERRILLO, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS: 2419 E COMMERCIAL BLVD, STE. 100	CITY-ST-ZIP: FORT LAUDERDALE, FL 33308	
TITLE: O	NAME: HEYDEN, CHRISTINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2419 E COMMERCIAL BLVD., STE. 100	CITY-ST-ZIP: FORT LAUDERDALE, FL 33308	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D	NAME: Brassman Mitch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2121 W Oakland Park Blvd	CITY-ST-ZIP: Ft. Lauderdale, FL 33311	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

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: *James Verrillo* 4/26/05 204-680-9449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #