


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90081 012 \*\*\*150.00

<b>DOCUMENT # P05000042470</b> 1. Entity Name <b>ONE PLAZA CORP.</b>					
Principal Place of Business <b>275 N.E. 18 ST</b> <b>CU. #101</b> <b>MIAMI, FL 33132</b>			Mailing Address <b>275 N.E. 18 ST</b> <b>CU. #101</b> <b>MIAMI, FL 33132</b>		
2. Principal Place of Business - No P.O. Box # <b>275 NE 18 ST</b>		3. Mailing Address <b>275 NE 18 ST</b>			
Suite, Apt. #, etc. <b>ste 101</b>		Suite, Apt. #, etc. <b>ste 101</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33132</b>		Country <b>USA</b>		4. FEI Number <b>20-2798316</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FERREIRA, CARLOS</b> <b>275 N.E. 78 STREET</b> <b>CU #101</b> <b>MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name <b>Ferreira de Melo, Carlos</b> Street Address (P.O. Box Number is Not Acceptable) <b>275 NE 18 ST ste 101</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33132</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137		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, CARLOS 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137		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 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137		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 the empowered.					
SIGNATURE: _____			01/21/07 305-577-8804		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					