


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90061 029 ***150.00

DOCUMENT # P05000042470	
1. Entity Name ONE PLAZA CORP.	

Principal Place of Business 275 N.E. 18 ST SUITE 101 MIAMI, FL 33132	Mailing Address 275 N.E. 18 ST SUITE 101 MIAMI, FL 33132
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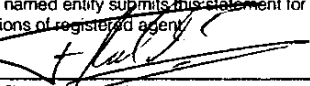
2. Principal Place of Business - No P.O. Box # 250 N.E. 25 ST	3. Mailing Address 250 N.E. 25 ST
Suite, Apt. #, etc. Suit # 201	Suite, Apt. #, etc. Suit # 201
City & State MIAMI FL	City & State MIAMI FL
Zip 33137	Country USA



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2798316		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FERREIRA DE MELO, CARLOS 275 N.E. 78 STREET SUITE 101 MIAMI, FL 33132		
7. Name and Address of New Registered Agent Name FERREIRA de MELO, Carlos Street Address (P.O. Box Number is Not Acceptable) 250 N.E. 25 St Suit # 201 City MIAMI State 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.

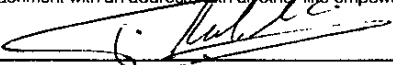
SIGNATURE  **FERREIRA DE MELO, CARLOS D.** DATE **1/8/8**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <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	D FERREIRA DE MELO, CARLOS 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137 <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	D FERREIRA DE MELO, MARTIN 615 NE 22ND STREET SUITE 101 MIAMI, FL 33137 <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
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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 another like empowered.

SIGNATURE:  DATE **1/8/8** / **305-305-9008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR