

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000031492	
1. Entity Name CENTRAL PARK PLAZA, INC.	
Principal Place of Business % CENTRAL PARK PLAZA 326 FERN STREET, 1ST FLOOR SALES OFFICE WEST PALM BEACH, FL 33401	Mailing Address % CASEY CIKLIN LUBITZ MARTENS & O'CONNELL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 CRANE, ROBERT L ESQ. % CASEY CIKLIN LUBITZ MARTENS & O'CONNELL 515 N FLAGLER DR, 18TH FL WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGEL, JAMES M 910 W VAN BUREN #403 CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULZER, JAMES M 10 S LASALLE STREET #3505 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROPPOLO, CARL 532 WHITNEY BLVD BELVIDERE, IL 61008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/14/08-80085-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #