

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089322

FILED
Feb 01, 2009
Secretary of State

Entity Name: PLA 2 CORP.

Current Principal Place of Business:

3400 N.E. 192ND STREET
SUITE 808
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3400 N.E. 192ND STREET
SUITE 808
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 43-3316553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOAR, MICHAEL S ESQ.
2875 N.E. 191ST STREET
TURNBERRY PLAZA, SUITE 500
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DOAR, MICHAEL S ESQ.
20900 N.E. 30TH AVE.
SUITE 600
AVENTURA, FL 33180 US

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.

SIGNATURE: MICHAEL S. DOAR, ESQ.

02/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: MARTI DE SALGUERO, MARIA
Address: 3400 N.E. 192ND STREET, SUITE 808
City-St-Zip: AVENTURA, FL 33180 US

Title: D, S () Delete
Name: SALGUERO, ANTONIO J
Address: 3400 N.E. 192ND STREET, SUITE 808
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: SALGUERO, JULIAN
Address: 3400 N.E. 192ND STREET, SUITE 808
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MARTI DE SALGUERO

P

02/01/2009

Electronic Signature of Signing Officer or Director

Date