


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000012503

1. Entity Name
 ELIZABETH PLAZA, INC.



Principal Place of Business 326 NE 5TH AVE DANIA, FL 33004 US	Mailing Address 326 NE 5TH AVE DANIA, FL 33004 US
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03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0390832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZWOLINSKI, ALEX
 320 NE 1ST AVE
 DANIA BEACH, FL 33004

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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 _____ DATE _____
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, 2005 Fee will be \$350.00

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	DPS ZWOLINSKI, DANUTA 326 NE 1ST AVE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZWOLINSKI, ALEX 326 NE 1ST AVE DANIA BEACH, FL 33004
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 03/10/05-80040-019 150.00

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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: *Danuta R. Zwolinski* 3/9/05 DPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #