## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000019082

City-St-Zip: POMPANO BEACH, FL 33069

Entity Name: EAST SIDE PLAZA OF BROWARD, INC.

FILED Apr 27, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
917 CYPRESS GROVE DR POMPANO BEACH, FL 33069			6000 ISLAND BLVD. 1604	1604	
			NORTH MIAMI BEAC	NORTH MIAMI BEACH, FL 33160	
Current IV	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
917 CYPRESS GROVE DR POMPANO BEACH, FL 33069			6000 ISLAND BLVD. 1604 NORTH MIAMI BEAC		
FEI Number	: 65-0654677	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
POMPANO The above	ESS GROVE D BEACH, FL	33069 US	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			Agent	 Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COLL, MARISE 917 CYPRESS		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address:	DVPS ( COLL, GUSTA' 917 CYPRESS		Title: Name: Address:	() Change () Addition	

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: MARISELA COLL DPT 04/27/2009