## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P95000008567

Entity Name: ST. JOE PLAZA, INC.

DATT, SUMEET

76-36 265TH STREET

NEW HYDE PARK, NY

Name:

Address: City-St-Zip:

**FILED** Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ST JOE PLAZA DRIVE PALM COAST, FL 32164 **Current Mailing Address: New Mailing Address:** 303 BIRCHWOOD PARK DR 76-36 265TH STREET JERICHO, NY 11753 NEW HYDE PARK, NY 11040 FEI Number: 59-3318356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, ROB ONE HARGROVE GRADE, SUITE 1 PALM COAST, FL 32137 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VERMA, SHYAM Name: Name: 801 GARDEN STREET Address: Address: City-St-Zip: TITUSVILLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: BAJAJ, RANDHIR K Name: 85 COACHMAN PLACE Address: Address: MUTTONTOWN, NY City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition DATT, NEERAJ Name: Name: 303 BIRCHWOOD PARK DR Address: Address: City-St-Zip: JERICHO, NY 11753 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GUPTA, RAJESH Name: Name: Address: 1986 STEWART AVENUE Address: City-St-Zip: NEW HYDE PARK, NY City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUMEET DATT D 04/29/2008