## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # P96000038382** 1. Entity Name 04-08-2005 90054 044 \*\*\*150.00 1675 PLAZA, INC. Principal Place of Business Mailing Address 10579 NW 51ST LANE 10579 NW 51ST LANE MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address 2. Principal Place of Business 1681 NW 97TH 1681 NW 97th DIE Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 000 65-0727959 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LEO, SANTE Street Address (P.O. Box Number is Not Acceptable) 10579 NW 51ST LANE MIAMI, FL 33178 DVE. 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 SIGNATUREX (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Change TITLE ☐ Delete Addition NAME DE LEO, SANTE NAME 1681 NW 97Th AVE STREET ADDRESS 10579 NW 51ST LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP D TITLE Delete TITLE Change ☐ Addition DELEO, GINA NAME 10579 NW 51ST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP MD \_ ☐ Delete NAME DELEO, ROBERTO NAME STREET ADDRESS 8230 SW 51ST COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP TITLE ☐ Delete TITLE DELEO, RICCARDO NAME NAME 10579 NW 51ST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:** 

Jes Dicaros De Les SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

**FILED**