


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 044 \*\*\*150.00

<b>DOCUMENT # P96000038382</b>			
1. Entity Name 1675 PLAZA, INC.			
Principal Place of Business 10579 NW 51ST LANE MIAMI, FL 33178		Mailing Address 10579 NW 51ST LANE MIAMI, FL 33178	
2. Principal Place of Business 1681 NW 97TH AVE Suite, Apt. #, etc.		3. Mailing Address 1681 NW 97TH AVE Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33172	Country USA	Zip 33172	Country USA



04052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0727959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LEO, SANTE 10579 NW 51ST LANE MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1681 NW 97TH AVE. City DORAL FL Zip Code 33172	
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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 *De Leo* DATE 4/5/05

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 \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEO, SANTE 10579 NW 51ST LANE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1681 NW 97TH AVE DORAL FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEO, GINA 10579 NW 51ST LANE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1681 NW 97TH AVE DORAL, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DELEO, ROBERTO 8230 SW 51ST COURT MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1681 NW 97TH AVE DORAL, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEO, RICCARDO 10579 NW 51ST LANE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1681 NW 97TH AVE DORAL FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *De Leo* DATE: 4/5/05 305 594 0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR