
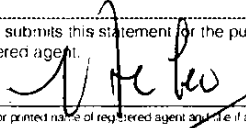
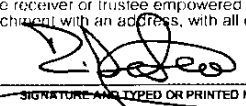


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 005 \*\*\*150.00

DOCUMENT # P96000038382				
1. Entity Name 1675 PLAZA, INC.				
Principal Place of Business 1681 NW 97TH AVE DORAL, FL 33172		Mailing Address 1681 NW 97TH AVE DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # 1845 NW 112 <sup>TH</sup> AVENUE Suite, Apt. #, etc. UNIT 199 City & State MIAMI, FL. 33172 Zip 33172 Country USA		3. Mailing Address 1845 NW 112 <sup>TH</sup> AVENUE Suite, Apt. #, etc. UNIT 199 City & State MIAMI, FL. 33172 Zip 33172 Country USA		
		07022007	Chg-P	CR2E034 (12/06)
		4. FEI Number 65-0727959	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 DE LEO, SANTE 1681 NW 97TH AVE DORAL, FL 33172		7. Name and Address of New Registered Agent Name DE LEO, SANTE Street Address (P.O. Box Number is Not Acceptable) 1845 NW 112 <sup>AV.</sup> , UNIT 199 City MIAMI FL Zip Code 33172		
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 <input checked="" type="checkbox"/> 		DATE 7/2/07		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEO, SANTE 1681 NW 97TH AVE DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1845 NW 112 AVE, UNIT 199 MIAMI, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEO, GINA 1681 NW 97TH AVE DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1845 NW 112 AVE, UNIT 199 MIAMI, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DELEO, ROBERTO 1681 NW 97TH AVE DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1845 NW 112 AVE, UNIT 199 MIAMI, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEO, RICCARDO 1681 NW 97TH AVE DORAL, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1845 NW 112 AVE, UNIT 199 MIAMI, 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 exemptions contained 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 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: 		DATE 7/2/07 3/594 0850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

4014900

