


2006 FOR PROFIT CORPORATION

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000045740
 1. Entity Name
 36TH STREET PLAZA, INC.



Principal Place of Business Mailing Address

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03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0827423 Applied For Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUESADA, G. FRANK
 1313 PONCE DE LEON BLVD
 SUITE 200
 CORAL GABLES, FL 33134

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 U00000482097
 04/11/06-80060-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUELLE, TERESA 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUELLE, SUSAN 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUELLE, JOSE A 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Juell 3/20/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #