


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000045740

1. Entity Name
36TH STREET PLAZA, INC.



Principal Place of Business 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134	Mailing Address 1313 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134
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03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0827423	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

QUESADA, G. FRANK
1313 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000856621
03/28/08-80019-014 150.00

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	

DO NOT WRITE IN THIS SPACE

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: _____ *3/16/08* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #