

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000071064

1. Entity Name

PARK PLAZA DEVELOPMENT, INC.



Principal Place of Business

**3400 S.W. 128TH AVENUE
MIAMI FL 33175**

Mailing Address

**3400 S.W. 128TH AVENUE
MIAMI FL 33175**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0857740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONSERRAT, LEONARDO
3400 SW 128TH AVENUE
MIAMI FL 33175**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and this is applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MONSERRAT, LEONARDO
STREET ADDRESS	3400 S.W. 128TH AVENUE
CITY - ST - ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	MONSERRAT, ADA B
STREET ADDRESS	3400 S.W. 128TH AVENUE
CITY - ST - ZIP	MIAMI FL 33175
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**U00000893719
04/23/08-80116-012 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leonardo Monserrat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO MONSERRAT

4/10/2008

305-223-3679

DATE

DATE AND PHONE #