
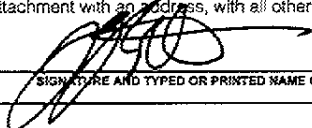


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000074459</b> 1. Entity Name <b>PLAZA LINDA II CORPORATION</b>		
Principal Place of Business <b>5446 N. BAY RD. MIAMI BCH, FL 33140</b>		Mailing Address <b>PO BOX 402097 MIAMI, FL 33140-2097</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GLOTTMANN, JACK 5446 N. BAY RD. MIAMI BCH, FL 33140</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	DPS	
NAME	GLOTTMANN, JACK	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE	DV	
NAME	GLOTTMANN, DALIA	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE	D	
NAME	GLOTTMANN, DEBORAH	
STREET ADDRESS	5446 N. BAY DR	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE	D	
NAME	GLOTTMANN, LINDA	
STREET ADDRESS	5446 N BAY RD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> 		<b>\$123/07</b> <b>305-868-5131</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0859758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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05/10/07-80087-014 150.00

**DO NOT WRITE  
IN THIS SPACE**