## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000078361

1. Entity Name

Principal Place of Business

PLAZA RESORTS SOUTH, INC.



Mailing Address

652 WEST HALLENDALE BEACH BLVD FORT LAUDERDALE, FL 33309

2419 E COMMERCIAL BLVD 100 FORT LAUDERDALE, FL 33308

## **FILED** Apr 26, 2004. 08:00 AM Secretary of State



02202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0863427 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUBART, LEONARD ESQ. GREENSPOON, MARDER, HIRSCHEIELD P.A.

LAMBERT, DANIEL

HEYDEN, CHRISTINA

2419 E COMMERICAL BLVD SUITE 100

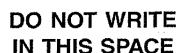
FORT LAUDERDALE, FL 33308

2419 E. COMMERCIL BLVD #100

FORT LAUDERDALE, FL 33308

## DO NOT WRITE

100 WEST CYRPESS CREEK ROAD FT. LAUDERDALE, FL 33309			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE_	Signature, typed or printed name of registered agent and title t	t applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution			cing 🔲	\$5.00 May Be Added to Fees	U00000129331 04/26/04-80073-025 150.00	
TITLE D  GROSSMAN, MITCH  STREET ADDRESS  2419 E COMMERICAL BLVD SUITE 100  CITY-ST-ZIP FORT LAUDERDALE, FL 33308						
TITLE NAME STREET ADDRESS	D VERILLO, JAMES 2419 E COMMERICAL BLVD SUITE 1	00				



CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE NAME

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTO