

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90020 047 \*\*\*150.00

**DOCUMENT # S42546**

1. Entity Name  
PLAZA DEL SOL, INC.



Principal Place of Business

30 FLORAL PKWY  
CONCORD, ON L4K

Mailing Address

PO BOX 1102  
TAMPA, FL 33601 US

**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0259954

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASENDORF, J. ALAN  
101 E KENNEDY BLVD  
2700 BARNETT PLAZA  
TAMPA, FL 33602

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEGASPERIS, ALFREDO  
STREET ADDRESS 30 FLORAL PARKWAY  
CITY-ST-ZIP CONCORD, ON L4K 4R1

TITLE VD  
NAME DEGASPERIS, ANGELO  
STREET ADDRESS 30 FLORAL PARKWAY  
CITY-ST-ZIP CONCORD, ON L4K 4R1

TITLE VD  
NAME DEGASPERIS, ANTONIO  
STREET ADDRESS 30 FLORAL PARKWAY  
CITY-ST-ZIP CONCORD, ON L4K 4R1

TITLE STD  
NAME SIMM, DENNIS R.  
STREET ADDRESS 30 FLORAL PARKWAY  
CITY-ST-ZIP CONCORD, ON L4K 4R1

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 2007

Date

Daytime Phone #

(905)669-5400