2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # S42546

1. Entity Name
PLAZA DEL SOL, INC.

Principal Place of Business	Mailing Address
30 FLORAL PKWY CONCORD, ON L4K	PO BOX 1102 TAMPA, FL 33601 US

03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000870127
04/03/08-80077-015 150.00

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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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: DENNIS R. SIMM March 15 2008 (905) 669-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #