


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S78152 1. Entity Name PLAZA BEACH HOTEL CORP.	
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Principal Place of Business 666 SHERBROOKE WEST, 2300 MONTREAL, QUEBEC, CANADA H3A 1E7, XX	Mailing Address 666 SHERBROOKE WEST, 2300 MONTREAL, QUEBEC, CANADA H3A 1E7, XX
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0119639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROSS, WILLIAM S ESQ
 1177 SE 3 AVE
 FT LAUDERDALE, FL 33316

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YUVAL, MIKE 666 RUE SHERBROOKE STREET WEST, PH 300 MONTREAL, QUEBEC, CANADA, H3A 1E7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOFER, JACK 666 RUE SHERBROOKE STREET WEST, PH 2300 MONTREAL, QUEBEC, CANADA, H3A 1E7
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U00000824636
02/20/08-80087-001 143.75

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR