

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000029978

**Entity Name:** DADE CORNERS PLAZA, INC.

**Current Principal Place of Business:**

16650 NW 27TH AVE  
SUITE 500  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

P.O. BOX 560962  
MIAMI, FL 33256

**FEI Number:** 65-0994322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALMIRALL, JORGE  
16650 NW 27TH AVE  
SUITE 500  
MIAMI GARDENS, FL 33054 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ALMIRALL, JORGE  
Address 16650 NW 27 AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title TSD  
Name ALMIRALL, JOSE  
Address 16650 NW 27 AVE  
City-State-Zip: MIAMI FL 33054

Title CD  
Name ALMIRALL, ISIDRO  
Address 17696 SW 8TH STREET  
City-State-Zip: MIAMI FL 33194

Title D  
Name STEINBERG, ALLEN  
Address 46 SHORE PARK ROAD  
City-State-Zip: GREAT NECK NY 11023

Title D  
Name RAND, ROGER  
Address 16650 NW 27TH AVE  
City-State-Zip: MIAMI FL 33054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JORGE ALMIRALL

**PRESIDENT**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date