


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90465 017 ***150.00

DOCUMENT # F03000003889

1. Entity Name
 PLURAL ENTERTAINMENT, INC.



Principal Place of Business
 4000 N.W. 36TH AVENUE
 MIAMI, FL 33142 US

Mailing Address
 4000 N.W. 36TH AVENUE
 MIAMI, FL 33142 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04282006 Chg-P CR2E034 (11/05)

4. FEI Number
 13-4151883 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BALLESTEROS, CRISTINA
 4000 N.W. 36TH AVENUE
 MIAMI, FL 33142

7. Name and Address of New Registered Agent
 Name Alvaro Garnica
 Street Address (P.O. Box Number is Not Acceptable)
4000 NW 36th Av.
 City Miami FL Zip Code 33142

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] ALVARO GARNICA DATE: 04/28/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SAINZ, JOSE LUIS	
STREET ADDRESS	4000 N.W. 36TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS	
STREET ADDRESS	4000 N.W. 36TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvaro Garnica	
STREET ADDRESS	4000 NW 36th Avenue	
CITY-ST-ZIP	Miami FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] Alvaro Garnica DATE: 04/28/06 DAYTIME PHONE #: 786 318 5184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR