

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130687

Entity Name: COTTON PLUS, CORP.

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

777 NW 72 AVE., SUITE 2119  
MIAMI, FL 33126

**New Principal Place of Business:**

9741 NW 18 CT  
PLANTATION, FL 33322

**Current Mailing Address:**

777 NW 72 AVE., SUITE 2119  
MIAMI, FL 33126

**New Mailing Address:**

9741 NW 18 CT  
PLANTATION, FL 33322

FEI Number: 01-0757956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SILVA, LUIS F  
99 STIRLING RD  
211  
COOPER CITY, FL 33162 US

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

SANDKUHL, MIRIAM G  
11501 NW 37 ST  
SUNRISE, FL 33323 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: MIRIAM A SANDKUHL

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FASCE, YANIRA  
Address: 777 NW 72 AVE., SUITE 2119  
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Delete  
Name: FASCE, SILVANA Y  
Address: 777 NW 72 AVE STE 2119  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FASCE, YANIRA  
Address: 9741 NW 18 CT  
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FASCE YANIRA

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date