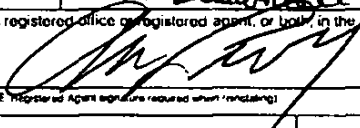
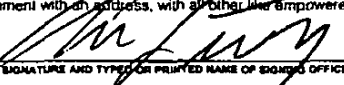


FILED
Jun 14, 2006 8:00 am
Secretary of State

05-03-2006 90230 015 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000152089			
1. Entity Name PLANTATION PARK, INC.			
Principal Place of Business 4901 NW 17TH WAY STE 103 FT LAUDERDALE, FL 33309		Mailing Address 4901 NW 17TH WAY STE 103 FT LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3841055		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 3000 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Alan Levy Street Address (P.O. Box Number is Not Acceptable): 4901 NW 17th Way #103 City: Ft. Lauderdale FL Zip Code: 33309	
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 reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DAVID KAHN President ☐ Delete NAME: 1327 H. 46th St STREET ADDRESS: Brooklyn, N.Y. 11249 ☒ Delete CITY- ST- ZIP:		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP:	
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY- ST- ZIP:		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY- ST- ZIP:	
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TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY- ST- ZIP:		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition 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 reports 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:  6/19/06		Date: 6/19/06	