


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 023 \*\*\*150.00

DOCUMENT # P07000087147 1. Entity Name POTATO PLUS, INC	
---------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2701 MICHIGAN AVE SUITE D KISSIMEE, FL 34744	Mailing Address 2701 MICHIGAN AVE SUITE D KISSIMEE, FL 34744
--------------------------------------------------------------------------------	--------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07282008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1147177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LDL ACCOUNTANTS & ASSOCIATES, CPAS, LLC %DAVID OLIVENCIA 3393 W VINE STREET KISSIMEE, FL 34741	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANDELARIA, JOSE 1242 CAREY GLENN DIR ORLANDO, FL 32477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMAZ, RAMON M DIAZ 3854 SHOREVIEW DRIVE KISSIMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S APONTE, VIVIANNETTE L 1242 CAREY GLEN DIR ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGOS, CARLOS 1242 CAREY GLEN DIR ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, NEREIDA 3854 SHOREVIEW DRIVE KISSIMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jose Caylord Date: 7/27/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR