

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087147

FILED
May 01, 2009
Secretary of State

Entity Name: POTATO PLUS, INC

Current Principal Place of Business:

2701 MICHIGAN AVE SUITE D
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2701 MICHIGAN AVE SUITE D
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 26-1147177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LDL ACCOUNTANTS & ASSOCIATES, CPAS, LLC
C/O DAVID OLIVENCIA
3393 W VINE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANDELARIA, JOSE
Address: 1242 CAREY GLENN DIR
City-St-Zip: ORLANDO, FL 32477

Title: VP () Delete
Name: GOMAZ, RAMON M DIAZ
Address: 3854 SHOREVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: APONTE, VIVIANNETTE L
Address: 1242 CAREY GLEN DIR
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: BURGOS, CARLOS
Address: 1242 CAREY GLEN DIR
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: DIAZ, NEREIDA
Address: 3854 SHOREVIEW DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSE CANDELARIA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date