

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021067

Entity Name: AFFAIRES & PLAISIR, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

17050 W BAY RD
303
MIAMI, FL 33160

New Principal Place of Business:

17050 N BAY RD
303
MIAMI, FL 33160

Current Mailing Address:

17050 W BAY RD
303
MIAMI, FL 33160

New Mailing Address:

17050 N BAY RD
303
MIAMI, FL 33160

FEI Number: 65-0901147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNAN, VERGARA
17050 NORTH BAY RD., 303
SUNNY ISLES, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: VERGARA, HERNAN A
Address: 17050 N BAY RD #303
City-St-Zip: MIAMI, FL 33160 OC

Title: DVS () Delete
Name: LIBSFUNT, PATRICIA
Address: 17050 N BAY RD #303
City-St-Zip: MIAMI, FL 33160 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HERNAN VERGARA

PD

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date