

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90139 043 ***150.00

DOCUMENT # 421484	
1. Entity Name PENSION PLANS OF FLORIDA INC	



Principal Place of Business 1500 E. HILLSBORO BLVD STE 211 DEERFIELD BHC, FL 33441 US	Mailing Address 1500 E HILLSBORO BLVD STE 211 DEERFIELD BCH, FL 33441 US
---	--

50065244



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1452057		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ODIERNA, LUDWIG E. 22161 SOLIEL CIRCLE WEST BOCA RATON, FL 33433		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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 ODIERNA, LUDWIG E. 22161 SOLIEL CIR. WEST BOCA RATON, FL <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	V ODIERNA, LUDWIG E. 22161 SOLIEL CIR. WEST BOCA RATON, FL <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
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
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
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 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 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: Ludwig E. Odierna **9/2/05** (954) 441-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LUDWIG E. ODIERNA

ATTACHMENT

#421484 50065248

PENSION PLANS OF FLORIDA, INC.

August 19, 2005

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

RE: Pension Plans of Florida, Inc. (59-1452057)

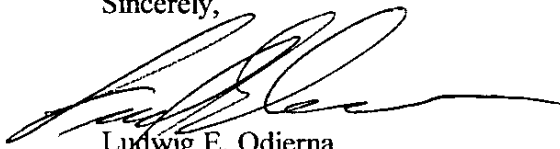
To Whom It May Concern:

In the first few months of each year, I receive a packet from the Department of State concerning the status of my corporation and am instructed to send a check in the amount of \$150. for the annual filing fee. This year, I am not sure I received a packet. In addition, I have also changed accountants and perhaps if I did receive this document, I may have given it to her along with the other corporate information.

While I was away for the first two weeks of July, I received a postcard from your office informing me that my corporation was in danger of termination for not filing the required documents. I tried to reach my new accountant and she was on her vacation and was not expected to return for another ten days. I tried to download the form according to the instructions on your postcard but was unable to do so. I therefore availed myself of your OPTION 3, to receive the form by mail. I mailed the card to your office on July 19, 2005. (A copy of which is enclosed). When I did not hear from your office, I called your office yesterday and was told that a form was not mailed this year but a postcard was and that it was mailed prior to May 1, 2005. I did not receive this postcard. The gentleman I spoke to in your office advised me to send in this letter along with my corporate check in the amount of \$150. There are no changes in the Officers and/or Directors of the subject Corporation and the corporate address remains the same.

Your kind attention to this matter will be most appreciated.

Sincerely,



Ludwig E. Odierna
President

*P.S. Resubmitted with check, letter and form
on 9/2/05. Thank You
Ludwig Odierna, President*