2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78632

City-St-Zip:

OAKLAND PARK, FL 33334

PLIDGE ENTERPRISES INC.

FILED Apr 12, 2005 Secretary of State

Entity Name: PODGE ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
730 NE 471 OAKLAND	TH ST PARK, FL 33334	1 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
730 NE 471 OAKLAND	TH ST PARK, FL 33334	us	1231 DELRAY LAKES DELRAY BEACH, FL		
FEI Number:	65-0214474 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPADA, MADELYN 730 NE 47 ST OAKLAND PARK, FL 33334 US				SPADA, MADELYN 1231 DELRAY LAKES DRIVE DELRAY BEACH, FLORIDA, FL 33444 US	
The above in the State	named entity sub of Florida.	mits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/12/2005	
	Electronic	Signature of Registered Age	ent	Date	
Election Cam	npaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De SPADA, MADELYN 1231 DELRAY LAK DELRAY BEACH, F	, ES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VST () De SPADA, MATTIA 730 NE 47TH ST OAKLAND PARK, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VST () De SPADA, LISA 730 NE 47TH ST	lete	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MADELYN SPADA P 04/12/2005