

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90345 004 ***150.00

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|---|--|---|---|---|--|
| DOCUMENT # P00000000203 1. Entity Name PLANET TRADING, INC. | | | | | |
| Principal Place of Business 1612 S. COMBEE RD 6602, KINGSPINE LAKELAND, FL 33801 | | | | Mailing Address 1612 S. COMBEE RD PKWY LAKELAND, FL 33801 ORLANDO FL 32819 | |
| 2. Principal Place of Business 6602, KINGSPINE PKWY Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 20040001 | |
| City & State ORLANDO FL | | City & State ORLANDO FL | | 4. FEI Number 59-3628609 | |
| Zip 32819 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PATEL, UDAYGIRI C 2339 MILES CT LAKELAND, FL 33813 | | | | 7. Name and Address of New Registered Agent Name PATEL UDAYGIRI C Street Address (P.O. Box Number is Not Acceptable) 2648, HIGHLAND VUE PKWY City LAKELAND FL Zip Code 33813 | |
| 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT PATEL, VIHANG C 2339 MILES CT LAKELAND, FL 33813 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PATEL, UDAYGIRI 2339 MILES CT LAKELAND, FL 33813 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PATEL, PARIMAL C 2339 MILES CT LAKELAND, FL 33813 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PATEL UDAYGIRI C 2648, HIGHLAND VUE PKWY LAKELAND FL 33813 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY PATEL PARIMAL C. 2630, HIGH RIDGE DR. LAKELAND FL 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY PATEL PARIMAL C. 2630, HIGH RIDGE DR. LAKELAND FL 33813 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY PATEL PARIMAL C. 2630, HIGH RIDGE DR. LAKELAND FL 33813 | <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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date: 04/21/05 Daytime Phone # | | | | | |