2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 04, 2008 08:00 Al Secretary of State

DOCUMENT # P000000840 1. Entity Name URU PLATA, CORP.	6				ĸ.	Secretary of Sta		
1911 NW 150 AVENUE 1 STE 201 S	eiling Address 911 NW 150 AVENUE TE 201 PEMBROKE PINES, FL 33028	· · · · · · · · · · · · · · · · · · ·						
AT		•			0114 00 411 0 0 214 00411 0041		3)11 \$1) 5 3 133	
DO NOT MOITE II	ALTIMO ODA	À-	i	03242008	No Chg-P	CR2E034	4 (11/05)	
DO NOT WRITE IN THIS SPA		Ų Ę		4. FEI Number 65-0997	7643 Not Applicable			
	·	•	. ا	5. Certificate o	f Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Regis	tered Agent		₹ च .				•	
LOPEZ, PETER M 1911 NW 150 AVENUE STE 201 PEMBROKE PINES, FL 33028			DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE SIGNATURE					, in the State of Flo		miliar with, and accept	
Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registere	ed Agent signature re	equired wh	hen reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.0 Added	May Be to Fees				
10. OFFICERS AND DIRE	CTORS	_			Haaaa			
ITILE D NAME ETCHEPARE, JOSE P STREET ADDRESS 1911 NW 150 AVE STE 201 CITY-S1-ZIP PEMBROKE PINES, FL 33028					00000 04/15/08	0879938 -80042-	-003 150.00	
ITILE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 received 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 attachyption an address, with all other like empowered. changed, or on an atta

SIGNATURE:

NAME.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DO NOT WRITE

IN THIS SPACE