

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90011 041 ***150.00

DOCUMENT # P00000051172					
1. Entity Name ADMINISTRADORA DE SERVICIOS PLANINSA, INC.					
Principal Place of Business 1820 N. CORPORATE LAKE BLVD. SUITE 203 WESTIB, FL 33326			Mailing Address 981 WATERSIDE CIR WESTON, FL 33327		
2. Principal Place of Business 1820 N. CORPORATE LAKE BLVD.		3. Mailing Address 981 WATERSIDE CIR			
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc.			
City & State WESTON FL		City & State		4. FEI Number 65-1010733	
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMPOSIMATO, FELIX 981 WATERSIDE CIR WESTON, FL 33327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D <input type="checkbox"/> Delete JUANEDA, SEBASTIAN CALLE YARE QUINTA VICTORIA SECTOR J MACARACUAY CARACAS VENEZUELA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JUANEDA, JOSE AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2 APTO 2C EL MARQUEZ EDO MIR,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JUANEDA, ANTONIO CALLE 15 RESID. MARACAPANA TORRE A PISO 8 APTO 81-A LA URBINA EDO MARI,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TORRES, KARINA AV PRINC. LA ALAMEDA REISD TAMARINDO PISO3 APTO 31 LA ALAMEDA EDO MIRAN, A		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: _____			04-02-04 954-6829906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

34026210



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