


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90176 011 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P00000051172 | |  |
| 1. Entity Name ADMINISTRADORA DE SERVICIOS PLANINSA, INC. | | |

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|---|--|
| Principal Place of Business 1820 N. CORPORATE LAKE BLVD. SUITE 203 WESTIB, FL 33326 | Mailing Address 981 WATERSIDE CIR WESTON, FL 33327 |
|---|--|

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|---|---------|---------------------|---------|
| 2. Principal Place of Business 1820 N. CORPORATE LAKE BLVD. | | 3. Mailing Address | |
| Suite, Apt. #, etc. SUITE 203 | | Suite, Apt. #, etc. | |
| City & State WESTON, FL | | City & State | |
| Zip 33326 | Country | Zip | Country |



02282005 Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-1010733 | 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 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:  DATE: **Feb. 20, 2005**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 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 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 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 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:  DATE: **Feb. 28, 05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #