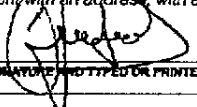


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000051172		
1. Entity Name ADMINISTRADORA DE SERVICIOS PLANINSA, INC.		
Principal Place of Business 1820 NORTH CORPORATE LAKE BOULEVARD SUITE 203 WESTON, FL 33326		Mailing Address 981 WATERSIDE CIR WESTON, FL 33327
DO NOT WRITE IN THIS SPACE		
		02012006 No Chg-P CR2E034 (11/05)
4. FEI Number 85-1010733		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent IMPOSIMATO, FELIX 981 WATERSIDE CIR WESTON, FL 33327		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	JUANEDA, SEBASTIAN	
STREET ADDRESS	CALLE YARE QUINTA VICTORIA SECTOR J	
CITY-ST-ZIP	MACARACUAY CARACAS VENEZUELA,	
TITLE	D	
NAME	JUANEDA, JOSE	
STREET ADDRESS	AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2	
CITY-ST-ZIP	APTO 2C EL MARQUEZ EDO MIR,	
TITLE	D	
NAME	JUANEDA, ANTONIO	
STREET ADDRESS	CALLE 15 RESID. MARACAPANA TORRE A PISO 8	
CITY-ST-ZIP	APTO 81-A LA URBINA EDO MARI,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: 		Feb. 01, 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #