2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90065 019 ***150.00

DOCUMENT # P00000051172

1. Entity Name
ADMINISTRADORA DE SERVICIOS PLANINSA, INC.

Principal Place of Business	Mailing Address
1820 NORTH CORPORATE LAKE BOULEVARD SUITE 203 WESTON, FL 33326	981 WATERSIDE CIR WESTON, FL 33327

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1820 North Corporate Lake Blvd.	1820 North Corporate Lake Blvd.
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Weston, FL	City & State: Weston, FL
Zip: 33326 Country: Broward	Zip: 33326 Country: Broward

032320007 Chg-P CR2E034 (12/05)

4. FEI Number: 65-1010733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IMPOSIMATO, FELIX 981 WATERSIDE CIR WESTON, FL 33327	Name: Felix Imposimato Street Address (P.O. Box Number is Not Acceptable): 2667 Riviera Manor City: Weston FL Zip Code: 33332

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: _____ March, 23/07
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 ☐ Delete JUANEDA, SEBASTIAN CALLE YARE QUINTA VICTORIA SECTOR J MACARACUAY CARACAS VENEZUELA,	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete JUANEDA, JOSE AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2 APTO 2C EL MARQUEZ EDO MIR,	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ March, 23/07 954-6829906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #