

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051172

FILED
Jan 28, 2009
Secretary of State

Entity Name: ADMINISTRADORA DE SERVICIOS PLANINSA, INC.

Current Principal Place of Business:

5411 N UNIVERSITY DRIVE
SUITE 202
CORAL SPRINGS, FL 33067

New Principal Place of Business:

23269 STATE ROAD 7
BOCA RATON, FL 33428

Current Mailing Address:

5411 N UNIVERSITY DRIVE
SUITE 202
CORAL SPRINGS, FL 33067

New Mailing Address:

23269 STATE ROAD 7
BOCA RATON, FL 33428

FEI Number: 65-1010733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IMPOSIMATO, FELIX
2667 RIVIERA MANOR
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUANEDA, SEBASTIAN
Address: CALLE YARE QUINTA VICTORIA SECTOR J
City-St-Zip: MACARACUAY CARACAS VENEZUELA,

Title: D () Delete
Name: JUANEDA, JOSE
Address: AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2
City-St-Zip: APTO 2C EL MARQUEZ EDO MIR,

Title: D () Delete
Name: JUANEDA, ANTONIO
Address: CALLE 15 RESID. MARACAPANA TORRE A PISO 8
City-St-Zip: APTO 81-A LA URBINA EDO MARI,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX IMPOSIMATO

GM

01/28/2009

Electronic Signature of Signing Officer or Director

Date