

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90209 020 ***150.00

DOCUMENT # P0000051172



1. Entity Name
**ADMINISTRADORA DE SERVICIOS PLANINSA,
INC.**

Principal Place of Business
**981 WATERSIDE CIR
WESTON, FL 33327**

Mailing Address
**981 WATERSIDE CIR
WESTON, FL 33327**

2. Principal Place of Business

1820 N. CORPORATE LAKE BLVD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 203I

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

City & State

4. FEI Number
65-1010733

Applied For
 Not Applicable

Zip
33326

Country
USA

Zip Country

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**

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 **FELIX IMPOSIMATO**

Apr 14, 03
DATE

Signature must be of current registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$250.00
Make Check Payable to Florida Department of State

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 **D** Delete
NAME **JUANEDA, SEBASTIAN**
STREET ADDRESS **CALLE YARE QUINTA VICTORIA SECTOR J**
CITY-ST-ZIP **MACARACUAY CARACAS VENEZUELA,**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JUANEDA, JOSE**
STREET ADDRESS **AVENIDA EL SAMAN EDIFICIO GARD PAL PISO 2**
CITY-ST-ZIP **APTO 2C EL MARQUEZ EDO MIR,**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JUANEDA, ANTONIO**
STREET ADDRESS **CALLE 15 RESID. MARACAPANA TORRE A PISO 8**
CITY-ST-ZIP **APTO 81-A LA URBINA EDO MARI,**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **TORRES, KARINA**
STREET ADDRESS **AV PRINC. LA ALAMEDA REISD TAMARINDO PISOS**
CITY-ST-ZIP **APTO 31 LA ALAMEDA EDO MIRAN, A**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **FELIX IMPOSIMATO**

Apr. 14, 03 **954-6829906**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)