

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000056288	
1. Entity Name PLINTEC, INC.	

Principal Place of Business 8310 NW 10TH ST. #J-8 MIAMI, FL 33126	Mailing Address 9312 NW 13 STREET NO. 7 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1017898	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, CLAUDIA 9312 NW 13 STREET NO. 7 MIAMI, FL 33172	
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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 this if applicable (NOTE: Registered Agent signature required when reappointing) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURILLO, LIBIA CALLE 26 NO. 13-A-23 OFICINA 701 SANTA FE DE BOGOTA, COLOMBIA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NARANJO, PLINIO CALLE 26 NO. 13-A-23 OFICINA 701 SANTA FE DE BOGOTA, COLOMBIA.
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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: 	4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #