


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90076 003 ***155.00

DOCUMENT # P00000086636

1. Entity Name
PLAN-CO INTERNATIONAL, CORP



Principal Place of Business
**250 SE 44 ST
 CAPE CORAL, FL 33904**

Mailing Address
**250 SE 44 ST
 CAPE CORAL, FL 33904**

50034998



2. Principal Place of Business
1222 SE 47 ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL FL

City & State

4. FEI Number
65-1039931

Applied For
 Not Applicable

Zip
33904

Country
USA

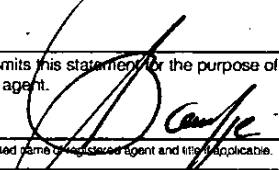
Zip
 Country

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

6. Name and Address of Current Registered Agent
**ARROYO, IVAN
 19017 BIRCH RD
 FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent
 Name **JORGE BARRIOS**
 Street Address (P.O. Box Number is Not Acceptable)
1222 SE 47 ST Suite 205
 City **CAPE CORAL** FL Zip Code **33904**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **04/03/05**

**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**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RAMOS, CAROLA 250 SE 44 ST CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BARRIOS, JORGE LUIS 19017 BIRCH RD FORT-MYERS, FL-33912 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RAMOS, CAROLA 250 SE 44ST CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE: **04/03/05** (239)699 2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR