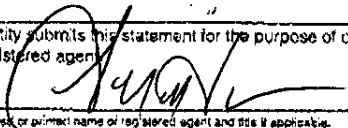
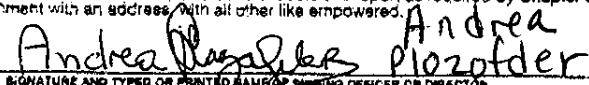


Mar 9, 2004 2:42PM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 037 ***150.00

DOCUMENT # P02000010616			
1. Entity Name PLAGIL CORPORATION			
Principal Place of Business 180 LEUCADENDRA DRIVE CORAL GABLES, FL 33156		Mailing Address 180 LEUCADENDRA DRIVE CORAL GABLES, FL 33156	
2. Principal Place of Business		3. Mailing Address 340 Brickell Key Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 0-305	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
		33131	USA
4. FEI Number 01-0598232		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DR. SUITE # 0-305 MIAMI FL 33131	
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 		DATE 4/18/04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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	PD PAZMINO, TERESA R 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOZOFDER, ANDREA 180 LEUCADENDRA DRIVE CORAL GABLES, FL 33156 ☐ 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
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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 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 207, 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: 		305 3743800	