

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90038 046 ***150.00

DOCUMENT # P02000030440 1. Entity Name PREPAID PROVIDER PLUS, INC.					
Principal Place of Business 1395 CORAL WAY SECOND FLOOR MIAMI, FL 33145			Mailing Address PO BOX 1133 KEY BISCAVNE, FL 33149		
2. Principal Place of Business 799 Crandon Blvd		3. Mailing Address 			
Suite, Apt. #, etc. Suite 303		Suite, Apt. #, etc. 			
City & State Key Biscayne, FL		City & State 			
Zip 33149	Country 	Zip 	Country 	4. FEI Number 74-3047338	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AVELLO, CRISTINA 799 CRANDON BLVD. #4207 Suite 303 KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) Suite 303		
			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 <u><i>Cristina Avello</i></u> 7-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH AVELLO, JULIO PO BOX 1133 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Julio Avello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-14-05</u> Daytime Phone # <u> </u>		