2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)
DOCUMENT # P02000094933 1. Entity Name	
PLONGOS, INC.	

05 AUG 24 PM 3: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1120 HOLLAND DRIVE BOCA RATON FL 33487

899 NW 6TH DR. BOCA RATON FL 33486

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State	City & State		4. FEI Number	Applied For	_
					55-0795884	Not Applicab	ie
Zip	Country	Zip	ip Country			8.75 Additional se Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LONG) DLUI IO			Name			
LONGO, PHILIP 899 NW 6TH DR.		Street Address (P.O. Box Number is Not Acceptable)					

BOCA RATON FL 33486

142,110					
Street Address (P.O. Box Number is Not Acceptable)					
	· · · · · · · · · · · · · · · · · · ·				
City	FL Zip Code				

the obligations of registered agent.	I, iii the State of Frontial Fato fathinal with, and acces
SIGNATURE CONS	7 //8/05
Signature, typed or printed name of legistered agent and tide it applicable (NOTE Registered Agent signature required when reinstalling)	, O. E

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be

Make Check	c Payable to Florida Department of State				Hustr			eu iv rees
10.	OFFICERS AND DIRECTO	AS	11.	ADDITIONS	/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, PHILIP B 599 NW 6TH DR. BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	899 NW	6+4	æ	Change	☐ Addition
DILE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, ANITA 2102 CONGRESSIONAL WAY DEERFIELD BEACH FL 33442	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE #AME STREET ADORESS CITY-S1-ZIP		□ Oelete	THILE NAME STREET ADDRESS CHY-ST-ZIP				□ Change	Addillon

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 his my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeded 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 employed.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

August 22, 2005 899 NW 6TH DRIVE BOCA RATON,FL.33486

FLORIDA DEPT. OF STATE DIV. OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL. 32314

RE P0200094933

GENTLEMEN:

SOMETIME IN LATE JUNE WE RECEIVED A NOTICE FROM YOU TO THE EFFECT THAT OUR ANNUAL REPORT HAD NOT BEEN FILED. WE ASSUMED OUR ACCOUNTANTS HAD FILED SAME WITH YOU AND UPON LEARNING THAT THEY HAD NOT, WE RETURNED YOUR POST CARD NOTICE FOR A COPY OF THE FORM REQUIRED.

THE FORM WAS RECEIVED ON JULY 18 AND WE COMPLETED SAME AND SENT OUR CHECK FOR THE \$ 150.00 FILING FEE. WE THEN RECEIVED YOUR LETTER OF JULY 28 INFORMING US OF A LATE FEE OF \$400.00

AS WE HAD NEVER RECEIVED ANY NOTICE, PRIOR TO JUNE, WE DO NOT THINK THIS LATE FEE IS IN ORDER. PLEASE REVIEW THE CIRCUMSTANCES AND KINDLY WAIVE THE FEE. THANK YOU.

PHILIP LONGO PLONGOS, INC.