

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90023 026 ***150.00

DOCUMENT # P02000103722 1. Entity Name PLUG & PLAY SOLUTIONS, INC.			
Principal Place of Business 621 NW 170TH TERR PEMBROKE PINES, FL 33028		Mailing Address 621 NW 170TH TERR PEMBROKE PINES, FL 33028	
2. Principal Place of Business <i>2600 Douglas Rd. PH 6</i> Suite, Apt. #, etc. City & State <i>Coral Gables, FL</i> Zip <i>33134</i>		3. Mailing Address <i>2600 Douglas Rd. PH 6</i> Suite, Apt. #, etc. City & State <i>Coral Gables, FL</i> Zip <i>33134</i>	
4. FEI Number 16-1629479		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ARAUJO, JUAN 2256 WESTON ROAD WESTON, FL 33326		7. Name and Address of New Registered Agent Name <i>Jose I. Padial PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2600 Douglas Rd.</i> City <i>Coral Gables</i> FL <i>33134</i>	
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 <i>[Signature]</i> <i>Jose I. Padial</i> <i>7/12/05</i> <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 PSTD NAME ARAUJO, JUAN STREET ADDRESS 2256 WESTON ROAD CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE <i>Juan Araujo</i> NAME <i>2600 Douglas Rd. PH 6</i> STREET ADDRESS <i>Coral Gables, FL 33134</i> CITY-ST-ZIP <i>33134</i>	<input checked="" 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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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
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
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: <i>[Signature]</i> <i>Juan Araujo, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7/27/05</i> Daytime Phone # <i>305-443-8010</i>	

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