



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90406 002 ***150.00

DOCUMENT # P02000108604 1. Entity Name A PLUS INNOVATIONS, INC.					
Principal Place of Business 6928 NW 166 TERRACE MIAMI LAKES, FL 33014			Mailing Address 6928 NW 166 TERRACE MIAMI LAKES, FL 33014		
2. Principal Place of Business 9129 N.W. 192 Terrace Suite, Apt. #, etc.		3. Mailing Address 9129 N.W. 192 Terrace Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 26-5124565	
Zip 33018		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUMIERA, EVELYN M 6928 NW 166 TERRACE MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent Name Maria T. Garcia Street Address (P.O. Box Number is Not Acceptable) 9129 N.W. 192 Terrace City Hialeah FL Zip Code 33018	
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>Maria T. Garcia</i></u> DATE <u>4-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP PEREZ, LUIS A 6928 NW 166 TERRACE MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Maria T. Garcia 9129 N.W. 192 Ter Hialeah, FL 33018	<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
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 I am empowered.					
SIGNATURE: <u><i>Maria T. Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-28-04</u> Daytime Phone # <u>305-978-0049</u>		