



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90007 028 \*\*\*150.00

<b>DOCUMENT # P02000108604</b> 1. Entity Name A PLUS INNOVATIONS, INC.					
Principal Place of Business 9129 NW 192 TERR. HIALEAH, FL 33018			Mailing Address 9129 NW 192 TERR. HIALEAH, FL 33018		
2. Principal Place of Business 18803 NW 89 Ave Suite, Apt. #, etc.		3. Mailing Address 18803 NW 89 Ave Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 26-5124565	
Zip 33018		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GARCIA, MARIA T 9129 NW 192 TERR. HIALEAH, FL 33018				7. Name and Address of New Registered Agent Name <u>Maria T. Garcia</u> Street Address (P.O. Box Number is Not Acceptable) <u>18803 NW 89 Ave</u> City <u>Hialeah</u> <u>FL</u> Zip Code <u>33018</u>	
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>Maria T Garcia</u> <u>Maria T Garcia</u> DATE <u>5/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		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	DP GARCIA, MARIA T 9129 NW 192 TERR. HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARCIA, MARIA T 18803 NW 89 Ave Hialeah, FL 33018	<input checked="" type="checkbox"/> Change of Address <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
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 like empowered.					
SIGNATURE: <u>Maria T Garcia</u> <u>Maria T Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/27/05</u> (305) 979-0049 <small>Date Daytime Phone #</small>		