

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 044 ***150.00

DOCUMENT # P03000062360 1. Entity Name PLAZA PROVISION ENTERPRISE, INC.					
Principal Place of Business 11500 S ORANGE BLVD TR STE 4 ORLANDO, FL 32837			Mailing Address 9692 LOBLOLLY PINE CIR ORLANDO, FL 32837		
2. Principal Place of Business		3. Mailing Address 11500 S. O. B. T.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 504			
City & State		City & State Orlando, FL		4. FEI Number 42-1594441	
Zip		Zip 32837		Country ORANGE	
6. Name and Address of Current Registered Agent ROMAN, JOSE F 9692 LOBLOLLY PINE CIR ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Cynthia Torres Street Address (P.O. Box Number is Not Acceptable) 4915 TERRA VISTA WAY City Orlando FL Zip Code 32837	
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 DATE 2-2-05 <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, 2005 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	PD ROMAN, JOSE F 9692 LOBLOLLY PINE CIR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cynthia Torres 4915 Terra Vista Way Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENDEZ, MINERVA 9692 LOBLOLLY PINE CIR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec T D Gilberto Torres 4915 TERRA VISTA WAY Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMAN, RICARDO 4344 FLORA VISTA DR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROMAN, RICARDO 4344 FLORA VISTA DR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers and directors)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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 an other like empowered.					
SIGNATURE:			Date 2-2-05 Daytime Phone # 407-441-4147		

50013857



02022005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ROMAN, JOSE F
9692 LOBLOLLY PINE CIR
ORLANDO, FL 32837

Name **Cynthia Torres**
Street Address (P.O. Box Number is Not Acceptable)
4915 TERRA VISTA WAY
City **Orlando** **FL** Zip Code **32837**

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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROMAN, JOSE F
9692 LOBLOLLY PINE CIR
ORLANDO, FL 32837

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
~~**MENDEZ, MINERVA**~~
9692 LOBLOLLY PINE CIR
ORLANDO, FL 32837

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
~~**ROMAN, RICARDO**~~
4344 FLORA VISTA DR
ORLANDO, FL 32837

☒ Delete

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CITY-ST-ZIP
STD
~~**ROMAN, RICARDO**~~
4344 FLORA VISTA DR
ORLANDO, FL 32837

☒ Delete

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TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP
PD
Cynthia Torres
4915 Terra Vista Way
Orlando, FL 32837

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec T D
Gilberto Torres
4915 TERRA VISTA WAY
Orlando, FL 32837

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-2-05** Daytime Phone # **407-441-4147**