	a sina "	ANNUAL	REPORT	ΠU							
Proceed These of Business IMSU 527 #202 IMS	DOCUMENT # P03000069289 1. Entity Name CM PLANOS Y PERMISOS, INC.					06 AUG -4 AM 9:30					
Skite. Apt. #, etc.     Suite. Apt. #, etc.     OT 192006     Chg. P     CR2E034 (11/05)       City & State     City & State     OT 192006     Chg. P     CR2E034 (11/05)       Zip     Country     Zip     Country     State     A FEI Number       State     A FEI Number     State     State     A FEI Number       State     Country     Zip     Country     State     State       A FEI Number     State     State     State     State       B Nume and Address of Current Registered Agent     T. Nume and Address of Reice Registered Agent     Nume       DURAN, CLARA     State     State     State     FEL     2p Code       State     State     State     Fel     2p Code     State     FEL     2p Code       State     State     Fel     State     FEL     2p Code       State     State     Fel     State     Fel     State     Fel     State       State     Fel     State     Fel     State     Fel     State     Fel     State       Otry     FEL     State     Fel     State     Fel     State     Fel	Principal Place of Business 14921 SW 104 ST #202 MIAMI, FL 33196		14921 SW 104 ST #202			T	SECRETAR ALLAHASS	T OF STATE SEE, FLORIDA		-1	
Uniteduos     Uniteduo	2. Principal Place of Business		3. Mailing Address								
Zip     Country     2p     Country     54-2118813     Instruments       Zip     Country     5. Centrated Status Detect     \$8,75 /status     \$8,75 /status       UDRAN, CLARA     Name     7. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       14021 SW 104 ST #202     MIAMI, FL 33196     Street Address (P.O. Box Number is Not Acceptable)       Chy     FL     Zip Code       4. The above numed only submitphile submemoring the purpose of changing its registered agent, or boh, in the State of Roka. I am familiae with, and accept the ablgiations of registered agent, or boh, in the State of Roka. I am familiae with, and accept the ablgiations of registered agent.     Ott       SIGNATURE     State of Instrument for the purpose of changing its registered office or registered agent, or boh, in the State of Roka. I am familiae with, and accept the ablgiations of registered agent.     Ott       FILE NOWITH FEE IS \$150.00     0. Election Campaign Financing Trust Fund Contribution     \$5.00 May ge     In accordance with a. 607.193(2)(b), F.S., the DURAN, CLARA       Weit Truster State IS 190.00     0. Election Campaign Financing Trust Fund Contribution     \$10.     Addee to Fase       DURAN, CLARA     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS IN 11       Mike     Detein     Title     087.19/050104501045015     #110.000       Miret Address     OFFICERS AND DIFECTORS     11.     <	Suite, Apt. #, etc.		Suite, Apt. #, etc.			07192006	Chg-P	CR2E034 (11	/05)		
	City & State		City & State								
DURAN, CLARA 14021 SW 104 ST #202 MIAMI, FL 33196     Norre       Street Address (PO. Box Number is Not Acceptable)       Street Address (PO. Box Number is Not Acceptable)       City     FL       20 points     20 code       8. The above named only submitythis statement by the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and did / gorotate.       SIGMATURE     OFFICE Registered agent agent and did / gorotate.       UPUS     PLE KNOWIT FEEL IS \$150.00       Due by September 6, 2006     9. Election Comparing Financing Trust Fund Contribution.     S5.00 May be store address the prior notice.       19.     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.       19.     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.       19.     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.       19.     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11.       19.     OFFICERS AND DIFECTORS     11.     ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS 11. <td>Zip</td> <td></td> <td></td> <td>Cour</td> <td>try</td> <td></td> <td></td> <td>′⊔ FeeRo</td> <td></td> <td></td>	Zip			Cour	try			′⊔ FeeRo			
14921 SW 104 ST #202       Bitest Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         A. The above named entity submitghtis statement for the purpose of changing is registered affec or registered agent, or both, in the State of Flotida. Lam familiar with, and accept the obligations of registered agent.       City       FL       Zip Code         SIGNATURE       Signam. typed of first amound equation and its Associate.       OCTE Regeneration (Aper agents registered agent, or both, in the State of Flotida. Lam familiar with, and accept the obligations of registered agent.       Text         FILE HOWITI FEE IS \$150.00       9. Election Campaign Financing Trust Fund Contribution.       \$500 May Be In accordance with s. 607.193(2)(b), F.S., the origination of the centre obligation of the		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New	Registered Agent			
E. The above named entity submitprite statement for the purpose of changing its registered office or registered agent, or boh, in the State of Focial. I am familiar with, and accept the obligations of registered agent, or boh, in the State of Focial. I am familiar with, and accept the obligations of registered agent, or boh, in the State of Focial. I am familiar with, and accept the obligations of registered agent, or boh, in the State of Focial. I am familiar with, and accept the obligations of registered agent agent and its fagotoche.  ISINATURE	14921 SW	14921 SW 104 ST #202				Street Address (P.O. Box Number is Not Acceptable)					
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Due by September 6, 2006         Trust Fund Contribution.         Added to Fees         corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TITLE         WWE         DURAN, CLARA         Iff.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TITLE         WWE         DURAN, CLARA         Iff.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TITLE         WWE         STRET ADDRSS         USE/18/06501045015         ##150.00           TITLE         WWE         STRET ADDRSS         USE/18/06501045015         ##150.00           STRET ADDRSS         Orth ST -2P         Orth ST -2P         Orth ST -2P         Orth ST -2P           TITLE         Decke         TITLE         Orth ST -2P         Orth ST -2P         Orth ST -2P           TITLE         Decke         TITLE         Orth ST -2P         Orth ST -2P         Orth ST -2P           TITLE         Decke         TITLE         Orth ST -2P         Orth ST -2P         Orth ST -2P           TITLE         Decke         TITLE         MWE         STRET ADDRSS         Orth ST -2P         Orth ST -2P           TITLE         MWE         STRET ADDRSS         Orth ST -2P <td>the obliga</td> <td>tions of registered agent.</td> <td><u> つ </u></td> <td></td> <td></td> <td>-</td> <td>th, in the State of</td> <td>Florida. I am familiai</td> <td>r with, and acc</td> <td>cept</td>	the obliga	tions of registered agent.	<u> つ </u>			-	th, in the State of	Florida. I am familiai	r with, and acc	cept	
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NMME       NMME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CTY-ST-ZIP         TITLE       Delete         NAME       Change         NAME       NAME         STREET ADDRESS       CTY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CTY-ST-ZIP         12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 J 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 aure faddress, with all other fike empowered.         SIGNATURE:       STATURE:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAM STR	IE Et adoress			ci	nange 🗋 Ad	lditior	
NWME     NWME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP    12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 areadness, with all other like empowered.  SIGNATURE:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAN Str	re Eet address			C C	nange 🗋 Ad	Idition	
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	SIGNA		PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date	Daytime P	hone #		

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