

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151865

Entity Name: PLAN 4 YOU, INC.

FILED
Aug 23, 2004
Secretary of State

Current Principal Place of Business:

8317 SOLANO BAY LOOP UNIT 1433
TAMPA, FL 33635

New Principal Place of Business:

8219 SOLANO BAY LOOP
UNIT 406
TAMPA, FL 33635

Current Mailing Address:

8317 SOLANO BAY LOOP UNIT 1433
TAMPA, FL 33635

New Mailing Address:

8219 SOLANO BAY LOOP
UNIT 406
TAMPA, FL 33635

FEI Number: 20-0492866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WICKSTRON, SARAH
Address: 8317 SOLANO BAY LOOP UNIT 1433
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: OKELLANA, ALBERTO
Address: 8317 SOLANO BAY LOOP UNIT 1433
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WICKSTROM, SARAH
Address: 8219 SOLANO BAY LOOP UNIT 406
City-St-Zip: TAMPA, FL 33635

Title: V (X) Change () Addition
Name: ORELLANA, ALBERTO
Address: 8219 SOLANO BAY LOOP UNIT 406
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH WICKSTROM

PSTD

08/23/2004

Electronic Signature of Signing Officer or Director

Date