

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90554 048 ***150.00

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1. Entity Name

PLUSHA'R INTERNATIONAL, INC.



Principal Place of Business

1355 W. PALMETTO PARK ROAD
SUITE 312
BOCA RATON FL 33486
US

Mailing Address

1355 W. PALMETTO PARK ROAD
SUITE 312
BOCA RATON FL 33486
US

2. Principal Place of Business

9750 NW 91st Ct.
Suite, Apt. #, etc.

3. Mailing Address

1355 W. PALMETTO PARK Rd
Suite, Apt. #, etc.
Ste 312



MOORE

CR2E034 (11/03)

City & State

MEDLEY FL

City & State

BOCA RATON, F3

4. FEI Number

20-0716717

Applied For

☒ Not Applicable

Zip

33178

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEROLA, FRANC
1355 PALMETTO PARK ROAD
SUITE 312
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name CAROLYN SCHARG
Street Address (P.O. Box Number is Not Acceptable)
12642 NW 68 DR.
PARKLAND
City FL Zip Code 33076

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 *Carolyn Scharg*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P, D ☐ Delete
NAME SCHARG, CAROLYN
STREET ADDRESS 1355 W. PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME CAROLYN, SCHARG
STREET ADDRESS 12642 NW 68 DR.
CITY-ST-ZIP PARKLAND, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carolyn Scharg

CAROLYN SCHARG

Date

4-21-04

Daytime Phone #

954-227-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR