

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 025 \*\*\*150.00

<b>DOCUMENT # P03000156962</b> 1. Entity Name <b>PLUSHA R. INTERNATIONAL, INC.</b>			
Principal Place of Business <b>9750 NW 91ST CT.</b> <b>MIAMI, FL 33178</b> <small>US</small>		Mailing Address <b>1355 W. PALMETTO PK. RD</b> <b>SUITE 312</b> <b>BOCA RATON, FL 33486</b> <small>US</small>	
2. Principal Place of Business <b>9750 NW 91st CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12642 NW 68 DR.</b> Suite, Apt. #, etc.	
City & State <b>MEADLEY FL</b> Zip <b>33178</b> Country <b>USA</b>		City & State <b>PARKLAND FL</b> Zip <b>33076</b> Country <b>USA</b>	
4. FEI Number <b>20-0716717</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHARG, CAROLYN</b> <b>12642 NW 68 DR</b> <b>PARKLAND, FL 33076</b>		7. Name and Address of New Registered Agent Name <b>CAROLYN SCHARG</b> Street Address (P.O. Box Number is Not Acceptable) <b>12642 NW 68 DR</b> City <b>PARKLAND</b> <b>FL</b> Zip <b>33076</b>	
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: <i>Carolyn Scharg</i> DATE: <b>1-30-05</b> <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>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <b>SCHARG, CAROLYN</b> <b>12642 NW 68 DR.</b> <b>PARKLAND, FL 33076</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.			
SIGNATURE: <i>Carolyn Scharg</i> <b>CAROLYN SCHARG</b> <b>1-30-05</b> <b>954-227-7813</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			