## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000052258** 04-25-2005 90244 037 \*\*\*150.00 PLUTO ACCEPTANCE CORP. Principal Place of Business Mailing Address 20044314 9621 SW 77TH AVE., B308 9621 SW 77TH AVE., B308 MIAMI. FL 33156 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address 7618 SW 140 Suite, Apt. #, etc. 140 ct 2618 uite, Apt. #, etc. 04192005 CR2E034 (10/03) Chg-P 4. FEI Number 92443 Applied For City & State City & State Not Applicable Wiami \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Martine-Z Vo Street Address (P.O. Box Number is Not Acceptable) MARTINEZ, NICK 9621 SW 77TH AVE., B308 MIAMI, FL 33156 SW ct Zip Code 33 183 8. The above named entity submite this statement for per 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. (NOTE: Registered Agent signature required whon reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. I Addition Delete TITLE ☐ Change MARTINEZ, NICK Narciso NAME NAME Martinez, STREET ADDRESS 9621 SW 77TH AVE., B308 STREET ADDRESS MIAMI, FL: 33156 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7P Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effect 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 appendicess, with all pifer like empowered. SIGNATURE: AGNATURE AND TYPED OR H OR DIRECTO Date Daytime Phone #

FILED