FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90316 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000073330

1. Entity Name: PLANET VENTURES, INC.

DO NOT WRITE IN THIS SPACE

50044175

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2. Principal Place of Business	3. Mailing Address
7045 N.W. 3RD AVE	7045 N.W 3RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: PALM BEACH	Zip: 33487 Country: PALM BEACH

4. FEI Number: 04-3791948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: MIAMI FL Zip Code: 33415

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/T
NAME	MICHAEL E. ROBERTS
STREET ADDRESS	7045 NW. 3RD AVE.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V/S
NAME	ANNA MIRELLA BOGGIO-ROBERTS
STREET ADDRESS	7045 N.W. 3RD AVE.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Roberts MICHAEL ROBERTS 04/22/2005 (954) 600-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #