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Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051598

1. Entity Name
PLP SPARES INC

66011936

01182006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
8201 NW 66 STREET SUITE 5 MIAMI, FL 33166	8201 NW 66 STREET SUITE 5 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
8401 NW 70 ST.	Same
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33166 Country: USA	Zip Country

4. FEI Number: 20-2640803 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DERRECK 8201 NW 66 STREET SUITE 5 MIAMI, FL 33166	Name: Jose Malagon Street Address (P.O. Box Number is Not Acceptable): 8401 N.W 70 ST. City: MIAMI FL Zip Code: 33166

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DERRECK 8201 NW 66 STREET STE 5 MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Malagon - P 8401 N.W 70 ST. Miami Fl 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRION, ANDRES 8201 NW 66 STREET STE 5 MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 1/17/06 (786) 336-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #