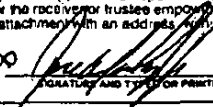


2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Apr 26, 2006 8:00 am
Secretary of State

01-26-2006 90042 012 ***150.00

DOCUMENT # P05000051598			
1. Entity Name PLP SPARES INC			
Principal Place of Business 8201 NW 66 STREET SUITE 5 MIAMI, FL 33166		Mailing Address 8201 NW 66 STREET SUITE 5 MIAMI, FL 33166	
2. Principal Place of Business 8401 NW 70 ST Suite, Apt. #, etc.		3. Mailing Address SAME 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 SMITH, DERRECK 8201 NW 66 STREET SUITE 5 MIAMI, FL 33166		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when withdrawing)			
FILE NOW!!! FEE IS \$160.00 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 ☐ Change ☐ Addition 8401 N.W. 70 ST. MIAMI FL 33166
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, or will other like empowered.			
SIGNATURE: 		1/17/06 (736) 336-7319	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	

66011936



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