2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000063247 06 FEB 28 M 9: 26 MARIO MORALES PLAN DESIGNERS INC JERLIARY OF STATE TALLAHASSLE, FLORIDA Mailing Address Principal Place of Business 14982 SW 71 ST. 14982 SW 71 ST. MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Bysiness 6030 EW. 149 COURT 3. Mailing Address, 6870 SW 148 WURT Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01242006 Chg-P Applied For City & State City & State 4. FEI Number MIAMI - FL. MIAMI Not Applicable Country OF NG ·3か19か かりのか \$8.75 Additional 5. Certificate of Status Desired п DAME Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORALES, MARIO A. Street Address (P.O. Box Number is Not Acceptable) 14982 SW 71 ST. MIAMI, FL 33193 Zip Code 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 epidicable (NOTE: Registered Agent algorature required when retreatming) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. mu Change Addition IIILE ☐ Delete MORALES, MARIO A. NUME NAME STREET ADDRESS 14982 SW 71 ST. STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33193 CITY-ST-ZIP IIILE Change ☐ Delete TITLE ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete Channe MLE TITLE ■ Addition NAME KLAKE STREET ADDRESS STREET ADDRESS CITY - 57 - 71P CITY-ST-7P Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-ZIP CTTY-\$1-ZDP Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition TITI F Delete TITE F NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 opporation 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. MARIO MORALES 786-877-2557 SIGNATURE:

2/3/2006-90011-037-\$150.00-\$150.00