


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000099122 1. Entity Name PLUSHRIDES, INC.			
Principal Place of Business 10701 ROYAL PALM BLVD #12 CORAL SPRINGS, FL 33065		Mailing Address 10701 ROYAL PALM BLVD #12 CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 1500 University Dr Suite, Apt. #, etc. #241		3. Mailing Address P.O. Box 9583 Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33071		City & State Coral Springs, FL Zip 33075	
Country USA		Country USA	
6. Name and Address of Current Registered Agent AJAYI, LEUTISHER 10701 ROYAL PALM BLVD #12 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 University Drive #241 City Coral Springs FL Zip Code 33071	
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: <u><i>Leutish R. Apia</i></u> 8/12/08 <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME AJAYI, LEUTISHER	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10701 ROYAL PALM BLVD, #12	CITY-ST-ZIP CORAL SPRINGS, FL 33065	P.O. Box 9583 Coral Springs, FL 33075	
TITLE NAME	STREET ADDRESS 400136161524	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 09/19/08--01049--016	**150.00	09/19/08--01049--016 **150.00	
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Leutish R. Apia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

08 SEP 17 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242008 Chg-P CR2E034 (12/06)

4. FEI Number
45-0541539

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

AJAYI, LEUTISHER
10701 ROYAL PALM BLVD
#12
CORAL SPRINGS, FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

1500 University Drive #241

City Coral Springs FL Zip Code 33071

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SIGNATURE: *Leutish R. Apia*

8/12/08

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
CORAL SPRINGS, FL 33065

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Page(s) of Page(s)