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May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000032003

1. Entity Name

PLUM-PRO SERVICE CORP.

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00102793

2. Principal Place of Business	3. Mailing Address
16170 SW 16th ST.	16170 SW 16th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33027 Country USA	Zip 33027 Country USA

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4. FEI Number 20-8651959 ☐ 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 ANTHONY MORA

Street Address (P.O. Box Number is Not Acceptable) 16170 SW 16th ST

City PEMBROKE PINES FL Zip Code 33027

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)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTHONY MORA
STREET ADDRESS	16170 SW 16th ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	S
NAME	MAGGIE MORA
STREET ADDRESS	16170 SW 16th ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Maggie Mora 04/24/08 305-772-5762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #