


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 023 ***150.00

DOCUMENT # P07000087147	
1. Entity Name POTATO PLUS, INC	

Principal Place of Business 2701 MICHIGAN AVE SUITE D KISSIMMEE, FL 34744	Mailing Address 2701 MICHIGAN AVE SUITE D KISSIMMEE, FL 34744
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07282008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1147177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LDL ACCOUNTANTS & ASSOCIATES, CPAS, LLC %DAVID OLIVENCIA 3393 W VINE STREET KISSIMMEE, FL 34741		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANDELARIA, JOSE			NAME			
STREET ADDRESS	1242 CAREY GLENN DIR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32477			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMAZ, RAMON M DIAZ			NAME			
STREET ADDRESS	3854 SHOREVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APONTE, VIVIANNETTE L			NAME			
STREET ADDRESS	1242 CAREY GLEN DIR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGOS, CARLOS			NAME			
STREET ADDRESS	1242 CAREY GLEN DIR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32824			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, NEREIDA			NAME			
STREET ADDRESS	3854 SHOREVIEW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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>Jose Cayland</u>	Date: <u>7/27/08</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		