

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087147

Entity Name: POTATO PLUS, INC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2701 MICHIGAN AVE SUITE D  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

2701 MICHIGAN AVE SUITE D  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 26-1147177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LDL ACCOUNTANTS & ASSOCIATES, CPAS, LLC  
C/O DAVID OLIVENCIA  
3393 W VINE STREET  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CANDELARIA, JOSE  
Address: 1242 CAREY GLENN DIR  
City-St-Zip: ORLANDO, FL 32477

Title: VP ( ) Delete  
Name: GOMAZ, RAMON M DIAZ  
Address: 3854 SHOREVIEW DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: APONTE, VIVIANNETTE L  
Address: 1242 CAREY GLEN DIR  
City-St-Zip: ORLANDO, FL 32824

Title: T ( ) Delete  
Name: BURGOS, CARLOS  
Address: 1242 CAREY GLEN DIR  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: DIAZ, NEREIDA  
Address: 3854 SHOREVIEW DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE CANDELARIA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date