


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 012 ***150.00

DOCUMENT # P94000001431

1. Entity Name
PLANTAG, INC.



Principal Place of Business % STEVEN SHAPIRO 3111 FORTUNE WAY, SUITE B-18 W. PALM BEACH, FL 33414	Mailing Address % STEVEN SHAPIRO 3111 FORTUNE WAY, SUITE B-18 W. PALM BEACH, FL 33414
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50013189

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0464674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, STEVEN M
 % STEVEN SHAPIRO
 3111 FORTUNE WAY, SUITE B-18
 W. PALM BEACH, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAPIRO, STEVEN M 3111 FORTUNE WAY, SUITE B-18 W. PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAPIRO, ELLEN D 3111 FORTUNE WAY, SUITE B-18 W. PALM BEACH, FL 33414
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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 Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: _____ **2/8/05** **561-935852**

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