

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000017680

1. Entity Name

PLANTATION MGP CORP.

Principal Place of Business

C/O NORMAN G. ORODENKER, ESQ. 10 WEYBOSSET ST.

PROVIDENCE, RI 02903 US

Mailing Address

C/O NORMAN G. ORODENKER, ESQ. 10 WEYBOSSET ST. PROVIDENCE, RI 02903

01072004

No Chg-P

CR2E034 (10/03)

FILED

Jan 26, 2004 08:00 AM Secretary of State

4. FEI Number 13-3840321

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131

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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, based or printed name of registered agent and site. If applicable (NOTE, Registered Agent signature sequence are necessary) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS D PORETSKY, JOEL 405 LEXINGTON AVENUE NEW YORK, NY 10174 PD NAME COHEN, DANIEL ONE KENNY DR CCARANSTON, RI 02920 TITLE TITLE S ORODENKER, NORMAN G SIREIT ADDRESS CITY-ST-2P	8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	agistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Accided to Fees Trust Fund Contribution. Trust Fund Contribution. Accided to Fees Trust Fund Contribution Fund. Accided to Fund. Trust Fund Contribution Fund. Trust Fund. Accided to Fund. Trust Fund. Trust Fund. Accided to Fees Trust Fund. Tr	SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	igent signature	required when reinstating)	DATE
TITLE NAME STREET ADDRESS PREST ADDRESS STREET ADDR	FILE NOTALL FEE 19 \$ 130.00			ing	\$5.00 May Be Added to Fees	
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NAME STREET ADDRESS	NAME STREET ADDRESS	SCHRETTER, BERNHARD 115 CONSTITUTION BLVD.				
12. Thereby certify that the information supplied with this filtere does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	at the back the information outside with this St.	doos set quatte. See th		- O11 140 07000	

is not quality for the exemptor stated in Section 113.07(3)(f), Florida Statutes. I furnish certifier on the information trate and that my signature shalf have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if we empowered. indicated on this report of the corporation or the changed, or on an attac

401-456-1333

Date

Daytime Phone #

Urodenker, Secretary