

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

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 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000399936
02/01/06-80033-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PORETSKY, JOEL
405 LEXINGTON AVENUE
NEW YORK, NY 10174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COHEN, DANIEL
ONE KENNY DR.
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, DOUGLAS
ONE KENNY DR.
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ORODENKER, NORMAN G
10 WEYBOSSET ST.
PROVIDENCE, RI 02903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHRETTER, BERNHARD
115 CONSTITUTION BLVD.
FRANKLIN, MA 02038**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman G. Orodanker, Secretary

1/13/06

Date

401-456-1200

Daytime Phone #