2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000063044

1. *Entity Name*
PLAZA DE FLORES CONSULTANTS INC.

Principal Place of Business	Mailing Address
2 N. TAMIAMI TRL. SUITE 210 SARASOTA, FL 34236	2 N. TAMIAMI TRL. SUITE 210 SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0789360	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, RON H
2N TAMIAMI TRAIL STE 210
SARASOTA, FL 34237

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, 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	DPR
NAME	WOLF, RON H
STREET ADDRESS	2 N TAMIAMI TRL, 210
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000315264
04/19/05--80029-008 150.00

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _Ron Wolf_ *by Ron Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05   941-954-2300
Date   Daytime Phone #