


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90073 046 \*\*\*150.00

<b>DOCUMENT # P99000042792</b> 1. Entity Name <b>PLANTADOR USA CORP.</b>					
Principal Place of Business <b>1660 NW 82 AVE MIAMI, FL 33126</b>			Mailing Address <b>1660 NW 82 AVE MIAMI, FL 33126</b>		
2. Principal Place of Business <b>1328 NW 78 AVENUE</b>		3. Mailing Address <b>1328 NW 78 AVENUE</b>			
Suite, Apt. #, etc. <b>#106</b>		Suite, Apt. #, etc. <b>#106</b>			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>			
Zip <b>33126</b>		Country		4. FEI Number <b>65-0921855</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KRELL, CARLOS E 1660 NW 82 AVE MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>KRELL, CARLOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1328 NW 78 AVE. #106</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33178</b>		
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 <u>X</u> <b>CARLOS KRELL</b> <b>03/07/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT KRELL, CARLOS 1660 NW 82 AVE MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT KRELL, CARLOS 1328 NW 78 AVE. #106 MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBOSA, BLEYDYNES 8595 SW 152 AVE., #253 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X</u> <b>CARLOS KRELL, PRES.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>03/07/05</b> <small>Date Daytime Phone #</small>		