
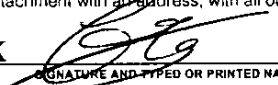


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90201 033 ***150.00

DOCUMENT # P99000042792 1. Entity Name PLANTADOR USA CORP.					
Principal Place of Business 1328 NW 78 AVENUE #106 MIAMI, FL 33126			Mailing Address 1328 NW 78 AVENUE #106 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 780 NW 42ND AVENUE			3. Mailing Address 780 NW 42ND AVENUE		
Suite, Apt. #, etc. SUITE #416			Suite, Apt. #, etc. SUITE #416		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33126		Country USA		Zip 33126	
Country USA		4. FEI Number 65-0921855			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KRELL, CARLOS E 1328 NW 78 #106 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name CARLOS E. KRELL Street Address (P.O. Box Number is Not Acceptable) 8013 SW 195TH TERRACE City MIAMI FL Zip Code 33157		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT <input type="checkbox"/> Delete KRELL, CARLOS 1328 NW 78 AVE #106 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT <input type="checkbox"/> Change <input type="checkbox"/> Addition CARLOS KRELL 8013 SW 195 TERRACE MIAMI, FL 33157	
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	
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 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: X 			CARLOS KRELL, PRES. 2/26/08 Date _____ Daytime Phone # _____		