FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 12990000 57275 1. Entity Name



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PLARO CORTOR	ARO CORPORTION		SECRETARY OF STATE TALLAHASSEE FLORIDA	
DO NOT WRITE	IN THIS SPAC	Æ		
2. Principal Place of Business 36/8 W 5 16 AVE Suite, Apt. #, etc.	3. Mailing Address 3 0 0 0 Suite, Apt. #, etc.	16 AUE	REINSTATEMENT 03	
City & State HiALEAh FL	City & State	FL	4. FEI Number 20-0344745 Applied For Not Applied For	
Zip 330/2 Country	Zip 330/2 Cour	ntry	Certificate of Status Desired	
DO NOT WE IN THIS SPA		Name Lov =Street Address (I	7. Name and Address of Current Registered Agent 1.12 dE S	
	he purpose of changing its register	<u> </u>	right FL 2ip Code of State of Florida. I am familiar with, and accept	-
the obligations of registered agent.			10/29/03	
SIGNATURE Signature, lypod or protect name of registered agent an January 1 May 1 Fee is \$150,000 After May 1, Fee is \$550,000 Amended UBR is \$61:25 Make Check Payable to Florida Department of S		ed Agent signature required	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND D TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAK, FL	S.Tm			CR2E034B (12/02)
TITLE NAME SYREET ADDRESS CITY-SI-ZIP TITLE	\$ 40 ± 22	EET ADDRESS ST. ZIF		CRZE
NAME STREET ADDRESS CITY-ST-ZIP	NAM STR	EET AUDRESS ST. ZIP	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	NAP STRI CUT	EF ADDRESS ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ALCOHOL: NEW YORK		
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 on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptino Proces				

To:

Florida Department of State

Secretary of State

Division of Corporation

From:

PLARU CORPORATION.

Reference: Uniform Business Report (UBR) 2003.

Attached you will find an internet downloaded form, for filling a Corporation Annual Report, due to the fact that we never receive the Uniform Business Report form, for filling the Uniform Business 2003 UBR or any previous year.

I am aware that late filling penalties may be assessed, in this particular case we are respectfully asking you to abate any penalties on the grounds that this corporation was out of business (never start) and we never received the Uniform Business Report (UBR) 2003 form or any previous form.

Please consider this plead for abatement and resolved this matter favorable to our company, the one that we are trying start on business and conduct according to the laws.

Attached, you will also find a check in the amount of \$150.00, for paying the UBR 2003 filling fees.

I will appreciate your help on this matter.

Sincerely

Lourdes-Martinez

New Registered Agent

Plaru Corporation