


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90008 010 ***150.00

DOCUMENT # P99000077568		
1. Entity Name PLATA ENTERPRISES, INC		

Principal Place of Business 3990 RIVERSIDE DRIVE, #9 CORAL SPRINGS, FL 33065	Mailing Address 3990 RIVERSIDE DRIVE, #9 CORAL SPRINGS, FL 33065
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40086494

2. Principal Place of Business 3990 Riverside Dr. #9	3. Mailing Address Coral Springs Fl 33065
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State	City & State	4. FEI Number 65-0945595	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

05092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PLATA, ALBERTICO 3990 RIVERSIDE DRIVE, #9 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name 3990 Riverside Dr. #9 Street Address (P.O. Box Number, is Not Acceptable) Coral Springs FL 33065 City Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	P PLATA, ALBERTICO 3990 RIVERSIDE DRIVE, #9 CORAL SPRINGS, FL 33065 <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
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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: **Albertico Plata**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-26-05 (954) 815-9008
Date Daytime Phone #