## **2005 FOR PROFIT CORPORATION**

| ANNUAL REPORT   |  |   |                               |      |                             |                   |                 |                                       |                       |
|---|--|---|-------------------------------|------|-----------------------------|-------------------|-----------------|---------------------------------------|-----------------------|
| DOCUMENT # S15740  1. Entity Name PLANTATION CENTER INVESTMENTS, INC.   |  |   |                               |      | _                           |                   | ILEI            | _                                     |                       |
| Principal Place of Business   |  | Mailing Address   |                               |      | Sko                         | O5 MAF            | 30              | M IG 53                               | }                     |
| BROAD & CASSEL<br>7777 GLADES ROAD, STE 300<br>BOCA RATON, FL 33434   |  | BROAD & CASSEL<br>7777 Glades Road, STE 300<br>Boca Raton, FL 33434 |                               |      |                             | SECRET<br>Tallah/ | /:::<br>AS.::E. | E LORIDA<br>E Lorida<br>II ann ann an | :<br>  <b>       </b> |
| 2. Principal Place of Business  |  | 3. Mailing Address  |                               |      |                             |                   |                 |                                       |                       |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                               |      | 01102005                    | Chg-P             | CR2E0           | 34 (10/03)                            |                       |
| City & State  |  | City & State  |                               |      | 4. FEI Number<br>65-0292303 |                   |                 | Applied For Not Applicable            |                       |
| Zip   | Country  | Zip   | Count                         | гу   |                             | Status Desired    |                 | \$8.75 Add<br>Fee Required            |                       |
| · · · · <u>· - ·</u>  | 6. Name and Address of Current I   | Registered Agent  |                               | Name | 7. Name and A               | ddress of New R   | egistered /     | Agent                                 | <u> </u>              |
| 7777 GLÁI<br>SUITE 300  | - '- '   |   |                               |      | P.O. Box Number             | is Not Acceptable | 2)              |                                       |                       |
|   |  |   | City                          |      |                             | FL                | Zip Code        | •                                     |                       |
| 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 \$5.00 May Be Added to Fees  |  |   |                               |      |                             |                   |                 |                                       |                       |
| 10.   | OFFICERS AND   |   | 11.                           |      | ADDITIONS/C                 | HANGES TO OFF     | ICERS AND       |                                       |                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>POMERANTZ, ALICE<br>8600 DECARIE BLVD, SUITE 20<br>TOWN OF MOUNT ROYAL, QC       | □ Delete  | LJ Delete TITLE NAM STRE CITY |      |                             |                   |                 | ☐ Change                              | Addition              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TV<br>GATTINGER, FRANKLIN J<br>8600 DECARIE BLVD., SUITE 20<br>TOWN OF MOUNT ROYAL, QC | Delete  |                               |      | <b>40</b> 1<br>04/22/0      | 00516<br>501008-  | 152:<br>-003 *  | □ Change<br><b>24</b><br>**5000.(     | ☐ Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>ESPOSITO, RAPHAEL JR<br>8600 DECARIE #200<br>MT ROYAL, QC, CANADA,               | <b>⊠</b> Delete   |                               | l    |                             |                   |                 | Change                                | Addition              |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | CEO<br>POMERANTZ, TERRY JR<br>8600 DECARIE #200<br>MT ROYAL, QC, CANADA,               | ☐ Delete  | •                             | ŀ    |                             |                   |                 | ☐ Change                              | Addition              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>POMERANTZ, TERRY JR<br>8600 DECARIE #200<br>MT ROYAL, QC, CANADA,                | ☐ Delete  | •                             | l.   |                             |                   |                 | ☐ Change                              | ☐ Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  |                               | 1    |                             |                   |                 | ☐ Change                              | ☐ 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.

Terry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Terry Pomerantz

March 21st, 2005

Date Dayline Phone \*