



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # V09453 1. Entity Name PLANINVEST, INC.						FILED 06 APR 11 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 18851 NE 29TH AVE SUITE 1011 AVENTURA, FL 33180 US				Mailing Address 18851 NE 29TH AVE SUITE 1011 AVENTURA, FL 33180 US			
2. Principal Place of Business		3. Mailing Address		01232006 Chg-P CR2E034 (11/05)		4. FEI Number 65-0311014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29 AVE. SUITE 100 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD JACQUES CLAUDIO STIVELMAN 1750 NE 197TH TERRACE MIAMI, FL 33179 <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	VPD MARCIA STIVELMAN 1750 NE 197TH TERRACE MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/09/06 <small>Date</small>		(305) 935-5050 <small>Daytime Phone #</small>	