


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # V09453		
1. Entity Name PLANINVEST, INC.		

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
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DO NOT WRITE IN THIS SPACE

FILED
07 APR 16 PM 12:49

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0311014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29 AVE. SUITE 100 AVENTURA, FL 33180
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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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JACQUES CLAUDIO STIVELMAN 1750 NE 197TH TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Handwritten signature</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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500097946995
04/23/07--01005--006 **550.00

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: *Handwritten signature* _____ Date: *04/02/07* _____ Daytime Phone #: *(305) 935-1010* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR