

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90028 033 \*\*\*158.75

**DOCUMENT # V20896**

1. Entity Name  
**THE FLYING P, INC.**



Principal Place of Business  
**8332 N.W. 30 TERR  
MIAMI, FL 33122 US**

Mailing Address  
**8332 N.W. 30 TERR  
MIAMI, FL 33122 US**

**60000668**

2. Principal Place of Business  
**8328 N.W. 30 Terr.**

3. Mailing Address  
**8328 N.W. 30 Terr.**



01062006 Chg-P CR2E034 (11/05)

City & State  
**Miami, FL**  
Zip  
**33122**  
Country  
**USA**

City & State  
**Miami, FL**  
Zip  
**33122**  
Country  
**USA**

4. FEI Number  
**65-0316184**  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired  
☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PLASTER, ROBERT G PRES  
8332 NW 30 TERR  
MIAMI, FL 33143**

7. Name and Address of New Registered Agent  
Name  
**PLASTER, ROBERT G. PRES**  
Street Address (P.O. Box Number is Not Acceptable)  
**8328 N.W. 30 Terr.**  
City  
**Miami** FL Zip Code  
**33122**

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 DATE **1/6/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLASTER, ROBERT G.		NAME		
STREET ADDRESS	7400 S.W. 68 COURT		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 DATE **1/6/06** Daytime Phone # **305-513-9444**  
Signature and typed or printed name of signing officer or director

**Robert G. Plaster**