


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 018 ***150.00

DOCUMENT # V63243 1. Entity Name PLATA WAREHOUSE INC.																																																																																																																																							
Principal Place of Business FISHER, MELVIN, A #201 KEY WEST, FL 33040 US		Mailing Address 200 GREEN STREET #201 KEY WEST, FL 33040 US																																																																																																																																					
2. Principal Place of Business 200 Greene St Suite, Apt. #, etc.		3. Mailing Address 200 Greene St Suite, Apt. #, etc.																																																																																																																																					
City & State Key West FL Zip 33040 Country US		City & State Key West FL Zip 33040 Country US																																																																																																																																					
4. FEI Number 65-0354899		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282004 Chg-P CR2E034 (10/03)																																																																																																																																					
6. Name and Address of Current Registered Agent FISHER, KIM H 200 GREENE STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent 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 <u><i>Kim H Fisher</i></u> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P FISHER, KIM H</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">200 GREEN STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">S FISHER, DELORES</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">200 GREEN STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">T ABT, TAFFI F</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">200 GREEN STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">KEY WEST, FL</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	P FISHER, KIM H	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	200 GREEN STREET		CITY-ST-ZIP	KEY WEST, FL		TITLE	S FISHER, DELORES	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	200 GREEN STREET		CITY-ST-ZIP	KEY WEST, FL		TITLE	T ABT, TAFFI F	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	200 GREEN STREET		CITY-ST-ZIP	KEY WEST, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P FISHER, KIM H	<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS	200 GREEN STREET																																																																																																																																						
CITY-ST-ZIP	KEY WEST, FL																																																																																																																																						
TITLE	S FISHER, DELORES	<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS	200 GREEN STREET																																																																																																																																						
CITY-ST-ZIP	KEY WEST, FL																																																																																																																																						
TITLE	T ABT, TAFFI F	<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS	200 GREEN STREET																																																																																																																																						
CITY-ST-ZIP	KEY WEST, FL																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Delete																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
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: <i>Kim H Fisher</i> 4/28/04 305-296-6533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																							