## **FILED** 2005 FOR PROFIT CORPORATION May 04, 2005 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # 190821** 1. Entity Name 05-04-2005 90133 036 \*\*\*150.00 DIMENSIONAL PLASTICS CORPORATION Principal Place of Business Mailing Address S RONALD BARNETTE S RONALD BARNETTE 1065 E 26TH ST 1065 E 26TH ST HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State 59-0902286 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRAURIG.ROBERT H Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE 22ND FLOOR

**MIAMI FL 33131** 

the obligations of registered agent.

Signature, typed or printed name of registered agent and little if applicable

SIGNATURE

Applied For

Zip Code

DATE

Not Applicable

FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME BARNETTE, S RONALD NAME STREET ADDRESS 1065 E 26TH ST. STREET ADDRESS CITY-ST-7IP HIALEAH FL CITY-ST-7IP SD ☐ Delete ☐ Change Addition TITLE TRAURIG, ROBERT H NAME MARIE STREET ADDRESS 1221 BRICKELL AVE., 22ND FLOOR STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE VS ☐ Addition Delete NAME BAUMSTARK, DIETER STREET ADDRESS 1065 E. 26 ST. STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP HIALEAH FL ☐ Change Addition TITLE ☐ Delete TITLE BARNETTE, ALAN NAME NAME 1065 E 26TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

(NOTE Registered Agent signature required when reinstating)

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

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.

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

SIGNATURE: Signature and three on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR