


FILED
Jul 05, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H66692 1. Entity Name MIAMI PAPER & PLASTICS, INC.	
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Principal Place of Business 6134 N.W. 74TH AVE. MIAMI, FL 33166	Mailing Address 6134 N.W. 74TH AVE. MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2566986	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

**VENGOECHEA, RAMIRO
 5921 S.W. 133RD COURT
 MIAMI, FL 33183**

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IN THIS SPACE

6. 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 reappointing) (DATE)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	VENGOECHEA, RAMIRO
STREET ADDRESS	5921 S.W. 133RD COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	VENGOECHEA, ENID
STREET ADDRESS	5921 SW 133RD CT.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 07/05/05-80005-006 150.00

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 my address, with all other like empowered.

SIGNATURE: *[Signature]* **ENID VENGOECHEA** **630-05 (305) 594-5799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

594-5799