
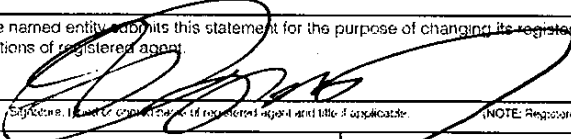
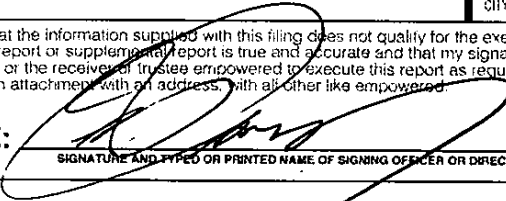


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90159 017 \*\*\*150.00

DOCUMENT # P0000071925			
1. Entity Name AUTOMATED PLASTICS GROUP, INC.			
Principal Place of Business 13955 S.W. 144TH STREET MIAMI, FL 33186		Mailing Address C/O MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., STE.1302 WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address 13955 SW 144th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Florida	
Zip		Zip 33186	
Country		Country USA	
4. FEI Number 65-1045668		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
04062005 Chg-P		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Brinkmann Arnold Street Address (P.O. Box Number is Not Acceptable) 131 Paloma Dr. City Coral Gables FL Zip Code 33143	
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 04/06/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME BRINKMANN, ARNOLD	TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Brinkmann Arnold
STREET ADDRESS 7300 VISTALMAR STREET	CITY-ST-ZIP CORAL GABLES, FL 33143	STREET ADDRESS 131 Paloma Dr.	CITY-ST-ZIP Coral Gables FL 33143
TITLE VP <input type="checkbox"/> Delete	NAME BRINKMANN, ARNOLD JR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 13955 SW 144TH STREET.	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS	CITY-ST-ZIP
TITLE DPS <input type="checkbox"/> Delete	NAME BRINKMANN, ARNOLD	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 13955 SW 144TH ST.	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS	CITY-ST-ZIP
TITLE T <input type="checkbox"/> Delete	NAME BRINKMANN, JESSICA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 13955 SW 144 ST	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: 		DATE 04/06/2005 786-2422142	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DATE TIME #	