

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 AUG 26 PM 3:10

FALLS BREEZE, FLORIDA



DOCUMENT # P0000071925 1. Entity Name AUTOMATED PLASTICS GROUP, INC.					
Principal Place of Business 13955 S.W. 144TH STREET MIAMI, FL 33186			Mailing Address 13955 S.W. 144TH STREET MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1045668	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRINKMANN, ARNOLD 131 PALOMA DR MIAMI, FL 33143				Name Arnold Brinkmann Street Address (P.O. Box Number is Not Acceptable) 13955 SW 144th Street City Miami FL Zip Code 33186	
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: <small>Signature (Typed or printed name of registered agent and title is acceptable) (NOTE: Registered Agent signature is required when constituting)</small>					
Amended AR is \$61.25		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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINKMANN, ARNOLD		NAME	PS Arnold Brinkmann	
STREET ADDRESS	131 PALOMA DR		STREET ADDRESS	13955 SW 144th Street	
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP	Miami Florida 33186	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINKMANN, ARNOLD JR.		NAME		
STREET ADDRESS	13955 SW 144TH STREET.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	DPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINKMANN, ARNOLD		NAME	100059140301	
STREET ADDRESS	13955 SW 144TH ST.		STREET ADDRESS	08/31/05--01002--007 **61.25	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRINKMANN, JESSICA		NAME		
STREET ADDRESS	13955 SW 144 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		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 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:			08/23/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		