2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000071925

1. Entity Name
AUTOMATED PLASTICS GROUP, INC.

FILED
05 NOV 18 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
13955 S.W. 144TH STREET MIAMI, FL 33186	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
Zip / Country	Zip / Country

4. FEI Number 65-1045668 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRINKMANN, ARNOLD 13955 SW 144TH STREET MIAMI, FL 33186	Name **BUENO, Esteban** 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 **BUENO, Esteban** **11/07/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRINKMANN, ARNOLD 13955 SW 144TH STREET MIAMI, FL 33186 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PTSD** **BUENO, Esteban** **13955 SW 144th Street** **Miami, Florida 33186** ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINKMANN, ARNOLD JR. 13955 SW 144TH STREET. MIAMI, FL 33186 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000061552730 11/18/05--01053--014 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRINKMANN, JESSICA 13955 SW 144 ST MIAMI, FL 33186 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 11/21	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Arnold Brinkmann 11/07/2005 305-358-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #