

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90727 013 ***150.00



DOCUMENT # P00000101701
 1. Entity Name
GENERAL PAPER & PLASTICS, INC.

Principal Place of Business Mailing Address
1110 BRICKELL AVENUE, 7TH FLOOR **5520 NW 35 AVENUE**
MIAMI, FL 33131 **MIAMI, FL 33142**

2. Principal Place of Business 3. Mailing Address
5703 NW 35 AVE **5703 NW 35 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL. **MIAMI, FL.**
 Zip Country Zip Country
33142 **USA** **33142** **USA**



01262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
LEVINE, ROBERT J ESQ
1110 BRICKELL AVENUE 7TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
The Law Offices of Craig M. Dorney, PA
 Street Address (P. O. Box Number is Not Acceptable)
407 Lincoln Rd
Penthouse Southeast
 City State Zip Code
Miami Beach **FL** **33139**

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: *Craig M. Dorney* DATE: 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESQUENAZI, ALBERT 1110 BRICKELL AVENUE 7TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESQUENAZI ALBERT 5703 NW 35 AVE. MIAMI, FL. 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUENAZI MORRIS 5703 NW 35 AVE MIAMI, FL. 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Albert Esquenazi* DATE: 1/30/04 DAYTIME PHONE #: 305-634-1180
Signature and typed or printed name of signing officer or director

ALBERT ESQUENAZI