

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125544

FILED
Jan 13, 2009
Secretary of State

Entity Name: MIAMI INDUSTRIAL PLASTICS CORP

Current Principal Place of Business:

2315 N.W. 107TH AVE WAREHOUSE 1 A16
DORAL, FL 33172

New Principal Place of Business:

2315 N.W. 107TH AVE WAREHOUSE 1A16
DORAL, FL 33172

Current Mailing Address:

2315 N.W. 107TH AVE WAREHOUSE 1 A16
DORAL, FL 33172

New Mailing Address:

2315 N.W. 107TH AVE WAREHOUSE 1A16
DORAL, FL 33172

FEI Number: 35-2318176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DA COSTA SIMAO, CARLOS E
2315 N.W. 107TH AVE WAREHOUSE 1 A16
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DA COSTA SIMAO, CARLOS E
Address: 2315 N.W. 107TH AVE WAREHOUSE 1 A16
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DA COSTA SIMAO, CARLOS E
Address: 2315 N.W. 107TH AVE WAREHOUSE 1A16
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS EDUARDO DA COSTA SIMAO

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date