

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90002 001 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000097681

1. Entity Name
PLASTICOS FABRICA CORONA, INC.



Principal Place of Business
5303 ARCHSTONE DRIVE
#108
TAMPA, FL 33634

Mailing Address
5303 ARCHSTONE DRIVE
#108
TAMPA, FL 33634

54065550



2. Principal Place of Business
12055 Citrus Falls Cir.

3. Mailing Address
12055 Citrus Falls Cir

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

07222004 Chg-P CR2E034 (10/03)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
74-3104155

Applied For
Not Applicable

Zip
33625

Country
U.S.A.

Zip
33625

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

CHON, WILLIAM Y
5303 ARCHSTONE DRIVE
#108
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name
CHON, WILLIAM Y
Street Address (P.O. Box Number is Not Acceptable)
12055 Citrus Falls Circle #108
City
Tampa FL Zip Code
33625

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

07/23/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME PTS
STREET ADDRESS CHON, WILLIAM Y
CITY-ST-ZIP 5303 ARCHSTONE DRIVE, #108
TAMPA, FL 33634 ☒ Delete

TITLE
NAME D
STREET ADDRESS CHON, WILLIAM Y
CITY-ST-ZIP 5303 ARCHSTONE DRIVE, #108
TAMPA, FL 33634 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P.
STREET ADDRESS Yong O. Chon
CITY-ST-ZIP 12055 Citrus Falls Circle #108
Tampa, FL 33625 ☒ Change ☐ Addition

TITLE
NAME TS
STREET ADDRESS William Y. Chon
CITY-ST-ZIP 12055 Citrus Falls Circle #108
Tampa, FL 33625 ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS William Y. Chon
CITY-ST-ZIP 12055 Citrus Falls Circle #108
Tampa, FL 33625 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/04

(813)382-8957