2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90066 039 ***150.00

DOCUMENT # M56391

1. Entity Name
CUSTOM PLASTICS, INC.

Principal Place of Business	Mailing Address
8803 S.W. 129TH STREET MIAMI, FL 33176	8803 S.W. 129TH STREET MIAMI, FL 33176

03242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1471 Capital Circle NW		1471 Capital Circle NW	
Suite, Apt. #, etc. # 27		Suite, Apt. #, etc. # 27	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32303	Country USA	Zip 32303	Country USA

4. FEI Number 59-2829637 ☐ 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
TURNER, DOUG 8803 S.W. 129TH ST. MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) 1471 Capital Circle NW # 27 City Tallahassee FL Zip Code 32303

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 [signature] 3/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	DTP TURNER, DOUG 13000 SW 96 AVE MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3753 Loma Farm Rd Tallahassee FL 32309	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FEIT-TURNER, MARLENE E 13000 SW 96 AVE MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3753 Loma Farm Rd Tallahassee FL 32309	☑ Change ☐ Addition
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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 exemptions contained 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 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] 3/27/07 850-339-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #