

#202 #41534

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)****FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 028 \*\*\*150.00

**DOCUMENT # 190821**

1. Entity Name

DIMENSIONAL PLASTICS CORPORATION



Principal Place of Business

S RONALD BARNETTE  
1065 E 26TH ST  
HIALEAH FL 33013

Mailing Address

S RONALD BARNETTE  
1065 E 26TH ST  
HIALEAH FL 33013

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-0902286

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TRAURIG, ROBERT H  
1221 BRICKELL AVENUE  
22ND FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00****After May 1, 2008 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BARNETTE, S RONALD  
STREET ADDRESS 1065 E 26TH ST.  
CITY- ST- ZIP HIALEAH FL 33013TITLE SD ☐ Delete  
NAME TRAURIG, ROBERT H  
STREET ADDRESS 1221 BRICKELL AVE., 22ND FLOOR  
CITY- ST- ZIP MIAMI FLTITLE VP/T ☐ Delete  
NAME BARNETTE, ALAN  
STREET ADDRESS 1065 E 26TH ST  
CITY- ST- ZIP HIALEAH FL 33013TITLE ASD ☒ Delete  
NAME DIETER BAUMSTARK  
STREET ADDRESS 1065 E 26 ST  
CITY- ST- ZIP HIALEAH FL 33013TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1065 East 26 St  
CITY- ST- ZIPTITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL MORENO, JR

Date

Daytime Phone #

3/2/08 305-691-5361