

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 358704

1. Entity Name
J. B. PLASTICS, INC.



Principal Place of Business
6500-6510 NW 15TH WAY
FORT LAUDERDALE, FL 33309

Mailing Address
6500-6510 NW 15TH WAY
FORT LAUDERDALE, FL 33309

FILED
Mar 26, 2004 08:00 AM
Secretary of State



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1290298

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUZAKI, JOE
6500 NW 15 WAY
FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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 BUZAKI, JOE 6500 NW 15 WAY FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BUZAKI, KATHERINE 6500 NW 15 WAY FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUZAKI, KATHERINE 6500 NW 15 WAY FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000097209
03/26/04-80029-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/23/04 954-972-5716