

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 358704**

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



**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

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

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



04082005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U00000300707  
04/13/05-80002-001 150.00

**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)(b), 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

JOE BUZAKI

Date

Daytime Phone #

4/8/05 954-992-5576