2004 FOR PROFIT CORPORATION

Apr 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 418413** 1. Entity Name PLASTIC DYNAMICS INC Principal Place of Business Mailing Address 4301 NE 11TH AVE 4301 NE 11TH AVE FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1471016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WENTZEL, JAMES 7501 N.W. 7TH COURT DO NOT WRITE IN THIS SPACE PLANTATION, FL 33317 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE WENTZEL, JAMES NAME 7501 NW 7TH CT STREET ADDRESS U00000109487 04/12/04-80045-015 150.00 PLANTATION, FL 33317 CITY-ST-289 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MASAF STREET ADDRESS

12. Thereby 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 cath, 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. 954 565

OR DIRECTOR

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS CRY-ST-ZIP

FILED