

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90182 020 \*\*\*158.75

**DOCUMENT # 518182**

1. Entity Name  
GATOR PLASTICS, INC.



Principal Place of Business

775 NW 71ST STREET  
MIAMI, FL 33150

Mailing Address

775 NW 71ST STREET  
MIAMI, FL 33150

**24072231**



03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1726469

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, FRED  
420 SUNRISE PROFESSIONAL BLDG.  
915 MIDDLE RIVER DR.  
FT. LAUDERDALE, FL 33304

**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 P  
NAME O'BRIEN, JAMES B  
STREET ADDRESS 531 SW 130TH AVE  
CITY-STATE-ZIP DAVIE, FL 33325

TITLE D  
NAME BROOK, KAREN  
STREET ADDRESS 1436 FUNSTON STREET  
CITY-STATE-ZIP HOLLYWOOD, FL

TITLE D  
NAME ASSIF, PATRICIA ANN  
STREET ADDRESS 459 HINMAN RD  
CITY-STATE-ZIP WATERTOWN, CT

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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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

**JAMES O'brien**

**4/30/04**

Date

**(305) 693-1113**

Daytime Phone #