

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 616664

FILED
Dec 16, 2008
Secretary of State**Entity Name:** NINA PLASTIC BAGS, INC.**Current Principal Place of Business:**1903 CYPRESS LK DR
ORLANDO, FL 32837 US**New Principal Place of Business:****Current Mailing Address:**1903 CYPRESS LK DR
ORLANDO, FL 32837 US**New Mailing Address:****FEI Number:** 59-1914739**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHARMA, SATISH
11127 BRIDGEHOUSE ROAD
WINDERMERE, FL 34786 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: SHARMA, SATISH
Address: 7549 BROKERAGE DR
City-St-Zip: ORLANDO, FL 32809**Title:** V () Delete
Name: SNELL, JAMES
Address: 7549 BROKERAGE DR.
City-St-Zip: ORLANDO, FL 32809**Title:** V (X) Delete
Name: DOREY, MARK
Address: 7549 BROKERAGE DR.
City-St-Zip: ORLANDO, FL 32809**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SATISH SHARMA

PD

12/16/2008

Electronic Signature of Signing Officer or Director_____
Date