

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001324

FILED
Jan 20, 2009
Secretary of State

Entity Name: ACME PLASTICS OF NEW JERSEY, INC.

Current Principal Place of Business:

220 BROWERTOWN ROAD
W. PETERSON, NJ 07424

New Principal Place of Business:

Current Mailing Address:

220 BROWERTOWN ROAD
W. PETERSON, NJ 07424

New Mailing Address:

FEI Number: 22-3313493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINSON, LAWRENCE
800 NW 159 DR.
MIAMI, FL 331695802 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: LEVINSON, LAWRENCE
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

Title: P () Delete
Name: LEVINSON, LAWRENCE
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

Title: VCHR () Delete
Name: LEVINSON, KAREN
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

Title: S () Delete
Name: LEVINSON, KAREN
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

Title: VD () Delete
Name: LEVINSON, JARED
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

Title: TD () Delete
Name: LEVINSON, ERIC
Address: 220 BROWERTOWN ROAD
City-St-Zip: W. PETERSON, NJ 07424

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:

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: LAWRENCE LEVINSON

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date