2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9800003077 1. Entity Name RICARD PLASTICS, INC.



Principal Place of Business

49 BRANT AVENUE SUITE 7 & 8 CLARK, NJ 07066 Mailing Address

49 BRANT AVENUE SUITE 7 & 8 CLARK, NJ 07066 FILED Jan 29, 2007 08:00 AM Secretary of State



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 4. FEI Number
 Applied For

 52-2058343
 Not Applicable

5. Certificate of Status Desired

01112007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LENORA, SILVERS 14426 AMBERLY LANE 208 DELRAY BEACH, FL 33146

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No Chg-P

•	ions or registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE LIGHTORITICIDE ALCO						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	01/30/07-80079-006	150.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, BRIAN 236 CANTERBURY LANE FAIRFIELD, CT 06430					
TITLE NAME STREET ADDRESS	V STEIN, TODD 5 CORYELL COURT					

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

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 other line empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

FLEMINGTON, NJ 08822

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

7323829666

Dayume Phone #