

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # G32555</b>  |   |   |  |
| 1. Entry Name<br>PLASTIC AND STEEL RESEARCH, INC.   |   |   |  |
| Principal Place of Business<br>4690 NW 128 ST RD<br>OPA LOCKA FL 33054-5130   |   | Mailing Address<br>4690 NW 128 ST RD<br>OPA LOCKA FL 33054-5130   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |
| City & State  |   | City & State  |  |
| Zip   | Country   | Zip   | Country  |
| 6. Name and Address of Current Registered Agent<br><br>SALDARRIAGA, MARIA<br>4690 N.W. 128 STREET ROAD<br>OPA-LOCKA FL 33054  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 3, 2008</b><br><b>Make Check Payable to Florida Department of State</b>   |   | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>BLODEK, JORGE G<br>1581 BRICKELL AVENUE, #306<br>MIAMI FL 33129 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000957152<br>08/06/08-80001-018 550.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

2nd MOORE CR2E034 (4/08)

4. FEI Number **59-2360223** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing 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 all other like empowered.

**SIGNATURE:** Jorge G. Blodek **8/4/08** **(305)687-6700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #