2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

							1 Secretary or State				
DOCUMENT # G44448 1. Entity Name INTERNATIONAL PLYWOOD CORPORATION							03-31-2008 9	•			
Principal Place of Business 7340 NW 56TH STREET MIAMI, FL 33166 US			Mailing Address 7340 NW 56TH STREET MIAMI, FL 33166 US			400549		BIBII PIPII 21211 :		11881 11 1881 [.]	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03122008	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Number Applied For 59-2301662 Not Applicable					
Zip 	Country		Zip	Country	5. Certificate of Status Desired			S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
RECIO, JORGE J 7340 NW 56TH STREET MIAMI, FL 33166					Name Street Address (P.O. Box Number is Not Acceptable)						
	ing in the second secon	City					FL	Zip Cod	e		
	named entity submits this statem ions of registered agent.	ent for the p	ourpose of changing its	registered office o	r registe	red agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered	d agent and title	if applicable (NOTE	: Registered Agent signa	ure required	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution					\$5 Add	.00 May Be led to Fees			o		
10.	OFFICERS	AND DIREC	CTORS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	PST RECIO, JORGE J		☐ Delete	TITLE NAME	1	CE PRESI		1	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2371 S.W. 127TH AVENUE MIAMI, FL 33175			STREET ADDRESS CITY-ST-ZIP	237		127 Ave.			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	331,3	į	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		EXPRES:	XDENTXXXXXX.	!	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1116		. 33,73		Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	

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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/27/08 305-884-0860 Date Daytime Prone#