
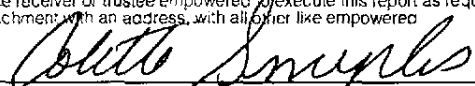


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H28974		
1. Entity Name POLY-PLY CORP.		
Principal Place of Business 1175 NW 159 DR. MIAMI, FL 33169	Mailing Address 1175 NW 159 DR. MIAMI, FL 33169	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2466399 <div style="border: 1px solid black; padding: 2px; float: right;">Applied For Not Applicable</div>
6. Name and Address of Current Registered Agent USTAEGUI, OSWALDO JR. 1175 NW 159 DR. MIAMI, FL 33169		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	USATEGUI, OSWALDO, JR.	
STREET ADDRESS	1175 NW 159 DR.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VP	
NAME	SMYRLES, COLETTE	
STREET ADDRESS	1175 NW 159 DR.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VP	
NAME	LYNN, JORGE	
STREET ADDRESS	1175 N.W. 159 DR.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		1/19/06 305-625-4420 <small>Date Daytime Phone #</small>