2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

SIGNATURE:

Feb 23, 2005 8:00 am **DOCUMENT # H34342 Secretary of State** 02-23-2005 90085 029 ***150.00 PADDINGTON PAPER AND SUPPLIES, INC. Principal Place of Business Mailing Address 8182 N.W. 31ST STREET MIAMI FL 33122 8182 N.W. 31ST STREET MIAMI FL 33122 20015448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-2620161 Not Applicable Zip · Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUILLERMO, PALOMO JR Street Address (P.O. Box Number is Not Acceptable) 8182 NW 31ST ST MIAMI FL 33122 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatura required when reinstating) FILE NOW!!! FEE IS \$150.00 20 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS HILE X Delete **★** Change Addition RICARDO PALOMO GUILLERMO PALOMO JR 8182 N.W. 31ST STREET STREET ADDRESS 8182 NW 31 STREET STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 □ Delete Change ★ Addition FRANCISCO ESCOBAR THOMPSON MAME STREET ADDRESS B182 NW 31 STREET STREET ADDRESS CITY-ST-7IP-CITY-ST-ZiF TAMI_FL 33122 Change Addition-☐ Detete THILE NAME HANS EMILIO HOMBERGER STREET ADDRESS STREET ADDRESS B182 NW 31 STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33122 Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP* . HITLE ☐ Change ☐ ☐ Addition Delete THEF NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employeed 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 ke empowered.

02-14-2005

Date

305-594-5655

Daytree Phone #

FILED