2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # H34342 1. Entity Name 04-17-2006 90344 010 ***150.00 PADDINGTON PAPER AND SUPPLIES, INC. Principal Place of Business Mailing Address 8182 N.W. 31ST STREET 8182 N.W. 31ST STREET MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2620161 Not Applicable Zio Country Zip 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 Name LINO OFERO GUILLERMO, PALOMO JR Street Address (P.O. Box Number is Not Acceptable) 8182 NW 31ST ST **MIAMI FL 33122** 8182 NW 31st. STREET Zip**393€22** MIAMI 8. The above named entity At 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 agents SIGNATURE X istered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PALOMO, RICARDO NAME STREET ADDRESS 8182 N.W. 31ST STREET STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME THOMPSON, FRANCISCO E NAME STREET ADDRESS 8182 NW 31 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME HOMBERGER, HANS E STREET ADDRESS STREET ADDRESS 8182 NW 31 STREET CITY-ST-7IP MIAMI FL 33122 CITY-ST-ZIP ☐ Delete DUE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address,

SIGNATURE:

FILED

Daytime Phone #