2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # H34342 1. Entity Name 04-09-2007 90073 024 ***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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FE! Number 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 Name OTERO, LINO 8182 NW 31ST ST Street Address (P.O. Box Number is Not Acceptable) **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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. THUE ☐ Delete TITLE Change Addition PALOMO, RICARDO NAM NAME 8182 N.W. 31ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33122 CITY-ST-7IP CHY-SI-7IP TITUE ☐ Delete THE ☐ Change ■ Addition THOMPSON, FRANCISCO E NAMI NAM 8182 NW 31 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP CHY+ST-ZIP ☐ Detete TIBLE. Change Addition HOMBERGER, HANS E SIRETADDRESS ROBERTO VARAONA R. 8182 NW 31 STREET STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY - ST - ZIP 8182 NW 31 STREET MIAMI FL 33122 TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST- ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete THLE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

CITY-SI-ZIP

SIGNATURE:

CITY-SI-ZIP

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07 305-594-5655 Daytime Phone •

FILED