


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H79375**  
 1. Entity Name  
**PLASTEC U.S.A., INC.**



Principal Place of Business <b>7752 NW 74TH AVE. MIAMI, FL 33166 US</b>	Mailing Address <b>7752 NW 74TH AVE. MIAMI, FL 33166 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2611567</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOSA, HECTOR V  
 6861 SUNRISE CT  
 CORAL GABLES, FL 33133**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SOSA, BEATRIZ 6861 SUNRISE CT CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOSA, HECTOR 6861 SUNRISE CT CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SOSA, ERNESTO J 290 PINECREST DR MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SOSA, DAVID E. 1110 ADUANA AVE MIAMI, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/05-80045-002 150.00

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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 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:** Beatriz Sosa **4/15/05** **305-887-6920**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #