

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000067421

1. Entity Name
PHOENIX CREATIVE PLASTICS LLC



Principal Place of Business
14431 SW 111 STREET
MIAMI, FL 33186

Mailing Address
14431 SW 111 STREET
MIAMI, FL 33186



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-3114884 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

OSETE, MARCOS
14431 SW 111 STREET
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSETE, MARCOS 14431 SW 111 STREET MIAMI, FL 33186 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSETE, RICHARD 14431 SW 111 STREET MIAMI, FL 33186 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSETE, KARLA 14431 SW 111 STREET MIAMI, FL 33186 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSETE, EUGENIO 14431 SW 111 STREET MIAMI, FL 33186 |
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03/02/07-80006-011 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

Karla E. Osete (KARLA OSETE) 2-16-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #