


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L08312
1. Entity Name
PLASTICS MACHINERY USA, INC.



Principal Place of Business
**7752 NW 74 AVE
MIAMI, FL 33166 US**

Mailing Address
**7752 NW 74TH AVE
MIAMI, FL 33166 US**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0141041 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOSA, HECTOR V.
7752 N.W. 74 AVE
6861 SUNRISE CT
CORAL GABLES, FL 33133**

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

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	D
NAME	SOSA, HECTOR V.,
STREET ADDRESS	6861 SUNRISE CT
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S
NAME	SOSA, BEATRIZ
STREET ADDRESS	6861 SUNRISE CT
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	SOSA, ERNESTO J
STREET ADDRESS	290 PINECREST DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	T
NAME	SOSA, DAVID E
STREET ADDRESS	1110 ADUANA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/18/05-80045-003 150.00

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 **4/18/05** **305-987-6920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #