

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90129 025 ***150.00

DOCUMENT #L41661

1. Entity Name
POLY PRODUCTS OF AMERICA, INC.



Principal Place of Business
9430 SW 92 AVE
MIAMI, FL 33176 US

Mailing Address
9430 SW 92 AVE
MIAMI, FL 33176 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0164908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

* 6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, DENNIS J
10530 NW 26TH ST
STE 201
MIAMI, FL 33172

9430 SW 92 AVE.
MIAMI, FL. 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Address Change

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME WOOD, LOURDES V.
STREET ADDRESS 10530 NW 26TH ST., S-201
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME 9430 SW 92 Ave.
STREET ADDRESS MIAMI, FL. 33176
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME WOOD, DENNIS J
STREET ADDRESS 10530 NW 26TH ST., STE 201
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME 9430 SW 92 Ave.
STREET ADDRESS MIAMI, FL. 33176
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

305-815-1999

Daytime Phone #