

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L53999

1. Entity Name
AR PAPER DISTRIBUTOR, INC.



Principal Place of Business
P.O. BOX 145150
P.O. BOX 145150
CORAL GABLES, FL 33114-5150 US

Mailing Address
P.O. BOX 145150
P.O. BOX 145150
CORAL GABLES, FL 33114-5150 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0177645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZERVIGON, ALDO
201 SEVILLA
SUITE 209
CORAL GABLES, FL 33134

**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

**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	DP RODRIGUEZ, ROBERTO P. O. BOX 145150 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ARTIME, MARIA CRISTINA P.O. BOX 145150 N/A CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ZERVIGON, ALDO 201 SEVILLA, SUITE 209 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RODRIGUEZ, BERTA M. P. O. BOX 145150 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000188337
01/24/05-80052-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Berta M. Rodriguez Berta M. Rodriguez 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 445 9268

Daytime Phone #