


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

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	
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01/24/05-80052-006 150.00

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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)(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** 1/19/05 305 445 9268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #