


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L53999</b> 1. Entity Name <b>AR PAPER DISTRIBUTOR, INC.</b>	
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Principal Place of Business <b>P.O. BOX 145150 P.O. BOX 145150 CORAL GABLES, FL 33114-5150 US</b>	Mailing Address <b>P.O. BOX 145150 P.O. BOX 145150 CORAL GABLES, FL 33114-5150 US</b>
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03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0177645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ZERVIGON, ALDO 201 SEVILLA SUITE 209 CORAL GABLES, FL 33134</b>
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**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 filer 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

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	

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03/21/06-80091-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 filers empowered.

SIGNATURE:  President 3/6/06 305-445-9268  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #