


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0177645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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04/11/07-80036-024 150.00

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: *Berta M. Rodriguez* *Berta M. Rodriguez* *3/29/07* *305-445 9268*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #