



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.	
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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	DO NOT WRITE IN THIS SPACE
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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	DP
NAME	RODRIGUEZ, ROBERTO
STREET ADDRESS	P. O. BOX 145150
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DTS
NAME	ARTIME, MARIA CRISTINA
STREET ADDRESS	P.O. BOX 145150 N/A
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VS
NAME	ZERVIGON, ALDO
STREET ADDRESS	201 SEVILLA, SUITE 209
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DV
NAME	RODRIGUEZ, BERTA M.
STREET ADDRESS	P. O. BOX 145150
CITY-ST-ZIP	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 #