


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

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| 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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03202008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0177645 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent ZERVIGON, ALDO 201 SEVILLA SUITE 209 CORAL GABLES, FL 33134 |
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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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000868113
04/08/08-20098-016 150.00

| 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 | |

**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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Berta M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BERTA M. RODRIGUEZ 3-20-08 305-445-9268