

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M60004

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: ECONO PAPER AND PLASTIC DISTRIBUTOR, INC.

**Current Principal Place of Business:**

7442 N W 55 ST  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

7442 N W 55 ST  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-0028141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALONSO, SUZETTE M  
9351 S.W. 22ND TERRACE  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

ALONSO, SUZETTE M  
9240 SUNSET DRIVE  
236  
MIAMI, FL 33173 US

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.

SIGNATURE: SUZETTE M. ALONSO

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: ALONSO, DELIA  
Address: 9351 S.W. 22ND TERR.  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: PEREZ, SHARON  
Address: 9416 S.W. 4TH LANE  
City-St-Zip: MIAMI, FL 33174

Title: P ( ) Delete  
Name: ALONSO, SUZETTE M  
Address: 9351 S.W. 22ND TERR.  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: ALONSO, GERARDO  
Address: 9351 S.W. 22ND TERR.  
City-St-Zip: MIAMI, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZETTE M. ALONSO

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date