


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M75722</b> 1. Entity Name ALL SOUTH PAPER & CHEMICAL SUPPLY, INC.	
---	---

Principal Place of Business 10755 S.W. 190TH STREET BAY 73 & 75 MIAMI FL 33157 US	Mailing Address % WILLIAM M. WHITE, III 8440 SW 180TH ST MIAMI FL 33157-6040 US
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE	CR2E034 (10/06)
Suite, Apt. #, etc	Suite, Apt. #, etc.	4. FEI Number <b>65-0039046</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State		
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  WHITE, WILLIAM M., III 8440 S.W. 180TH STREET MIAMI FL 33157	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP WHITE, WILLIAM M., III 8440 S.W. 180TH STREET MIAMI FL	TITLE	U00000731903 05/09/07-80025-003 150.00
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	DV WHITE, DARIEN M. 8440 S.W. 180TH STREET MIAMI FL	TITLE	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who empowered.

**SIGNATURE:** *Darien M. White* 4/23/07 (305) 238-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #