

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 12, 2008 8:00 am Secretary of State

05-12-2008 90024 003 \*\*\*\*61.65

1. Entity Nam CHPA DI	MENT # N93000056 STRICT #9 PLASTIC AND R DNS IPA, INC.				2008 90024 00	)3 ****61.65		
Principal Plac	oe of Business	Mailing Address		401	UV574			
1599 NW 9TH AVE. 159		1599 NW 9TH AVE.	99 NW 9TH AVE.					
BOCA RATO	N, FL 33486 US	BOCA RATON, FL 3348	5 US		,	•		
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072008	Chg-NP	CD9E027 (49/06)		
Cin. 9 One		0' 0				CR2E037 (12/06)		
City & Stat	J. 6	City & State		4. FEI Number 59-322	3832		pplied Fo	
Zip	Country	Zip	_Country	5. Certificate	of Status Desired	- , <b>\$8:75</b> Ad	iditional	
	6. Name and Address of Current R	edistered Agent				Fee Require	ed ` 	
			Name 1	Ni-ma N				
CONLEY, SUSAN 2600 N MILITARY TRAIL			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 230			159	9 NW 9+P	AVC			
BOCA RATON, FL 33431			-				<del>,</del>	
				<u>oca</u> Raton	•	FL 334	86	
8. The above	named entity submits this statement for titions of registered agent.	he purpose of changing its r	egistered office or re	egistered agent, or bot	h, in the State of F	Florida. I am familiar with	, and acc	
					2).10	•		
SIGNATURE	- Crilw \				<u> </u>	<u> </u>		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
•	Filing Fee is \$61.25	9. Election Came Trust Fund Co	paign Financing	\$5.00 May B	e Fig	Make check payable	to State	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May B Addled to Fees	Flo	Make check payable orida Department of S	State	
10.	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B Addled to Fees	Flo	Make check payable	State	
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<sup>12.</sup> 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 informatio 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 direct of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or or an attactyriest with an address, with all other like empowered.