
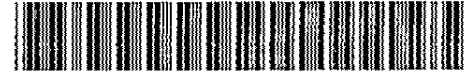


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000005985</b> 1. Entity Name <b>PLASTICS &amp; MACHINERY TRADING, CORP.</b>	
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Principal Place of Business <b>7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141</b>	Mailing Address <b>7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **65-1015511**  Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  <b>TABARES, HECTOR HERNAN 7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD TABARES, HECTRO HERNAN 7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	L000000613067
CITY - ST - ZIP		CITY - ST - ZIP	02/05/07-80023-010 150.00
TITLE	VD TABARES, JOSE MIGUEL 7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T MONTALBO, AMANDA 7900 TATUM WATERWAY DR., SUITE 303 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 like empowered.

SIGNATURE: Amanda Montalbo AMANDA MONTALBO 1/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #