

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90268 028 \*\*\*150.00

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<b>DOCUMENT # P00000083609</b> 1. Entity Name <b>AMERICAN PLASTICS TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>7465 W 19 CT HIALEAH, FL 33016</b>			Mailing Address <b>7105 SW 8 STREET #309 MIAMI, FL 33144</b>		
2. Principal Place of Business  Suite, Apt. #, etc. 		3. Mailing Address <b>7105 SW 8 ST. Suite, Apt. #, etc. 306</b>			
City & State 		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1037451</b>	
Zip 	Country 	Zip <b>33144</b>	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOTO, JUANA 8746 NW 140 LANE MIAMI LAKES, FL 33018</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	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTO, JUANA 8746 NW 140 LANE MIAMI LAKES, FL 33018		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
<b>SIGNATURE: JUANA SOTO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04 - 20 - 06</b> <b>305 2263443</b> <small>Date Daytime Phone #</small>		