


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90488 043 \*\*\*150.00

<b>DOCUMENT # P00000103716</b> 1. Entity Name MELTPPOINT PLASTICS INTERNATIONAL, INC.					
Principal Place of Business 7551 NW 78 STREET MIAMI, FL 33166			Mailing Address 7551 NW 78 STREET MIAMI, FL 33166		
2. Principal Place of Business 7570 NW 79 street		3. Mailing Address 7570 NW 79 street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami, FL		4. FEI Number 65-1058074	
Zip 33166		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  HILLMAN-WALLER, LOUIS M 782 N.W. LEJEUNE ROAD SUITE 350 MIAMI, FL 33126			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>N/A</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAGO, JUAN A 7551 NW 78 ST MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUAN A. BRAGO, JUAN A. 7570 NW 79 ST MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAGO, CARLOS 7551 NW 78 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRAGO, CARLOS A 7570 NW 79 street MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:</b> <u>Juan Brago</u> President			4-27-05 305-887-8020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		