

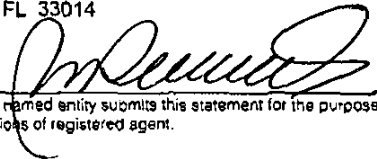
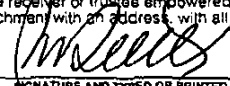
04/24/2006 15:09 786-549-4622

DANIEL H

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 012 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000037907 1. Entity Name MIAMI PLASTICS GROUP, INC.					
Principal Place of Business 335 W. 75TH PL HIALEAH, FL 33014			Mailing Address 335 W. 75TH PL HIALEAH, FL 33014		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1095561	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIVERSIDE, NELLY 335 W 75TH PL HIALEAH, FL 33014 				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVERSIDE, NELLY 335 W 75TH PL HOMESTEAD, FL 33034	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TOBON, ZOILA R 18360 MEDITERRANEAN BLVD. #2606 HIALEAH, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
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.					
SIGNATURE:  <u>Nelly Riverside, Pres.</u> <u>4/24/2006</u> <u>305-885-5311</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40074465



04242006 Chg-P CR2E034 (11/05)