2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **FILED** Jan 23, 2006 08:00 AM CUMENT # P02000012455 **Secretary of State** D PLASTICS (U.S.A.), INC. R Pri f Place of Business Mailing Address P.O. BOX 526908 MIAMI FL 33152 W 72 AVENUE FL 33122 26 3. Mailing Address cel Place of Business 2. <u>. Aot</u>, it, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For State City & State 01-0618003 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, REBECCA Street Address (P.O. Box Number is Not Acceptable) 2628 NW 72ND AVE. MIAMI FL 33122 Zip Code FL 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 8. poligations of registered agent. SI OATE Signature, typed or privide name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E-HET May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Ŋ whick Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1(OFFICERS AND DIRECTORS 11. 🔲 Change 🔛 🖼 🛗 7[] 🔲 Delete THILE U00000396856 ROSS, DAVID NAM N 01/30/06-80026-022 150.00 P.O. BOX 526908 STREET ADDRESS 57 Ci MIAMI FL 33152 CITY-ST-ZIP Change A.S. and 17 Delete TITLE N ROSS, REBECCA NAME P.O. BOX 526908 STREET ADDRESS 53 CITY-ST-ZIP MIAMI FL 33152 ☐ Add™ ☐ Chonge uDelete TITLE NAME N 5 STREET ADDRESS CITY-ST-ZIP ☐ Change Adding ŢŢ ☐ Detete TITLE ۲Ļ NAME 5 STREET ADDRESS C CITY-ST-ZIP Change □ Admi Tį Defete TITLE N. NAME S. STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change Adding 71 Defete N MARKE s STREET ADDRESS C CITY-ST-ZIP

regreby 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 blockled 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 direction or the receiver of this section of the receiver of the statutes are proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

NATURE:

1.20.06

305.468.8641