


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90021 002 \*\*\*150.00


**DOCUMENT # P02000061805**

1. Entity Name  
**ADVANCETEC PLASTICS, INC.**



Principal Place of Business 1150 NW 163 DR MIAMI, FL 33169	Mailing Address 1150 NW 163 DR MIAMI, FL 33169
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**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0873734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KANTOR, SEYMOUR  
 1150 NW 163 DR  
 MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KANTOR, SEYMOUR 1150 NW 163 DR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RON, GIL 1150 NW 163 DR MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Seymour Kantor* **SEYMOUR KANTOR** 1/31/08 305-623-3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #