


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 038 ***150.00

DOCUMENT # P02000085171	
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1. Entity Name PLASTILINA INC.	Principal Place of Business 6870 SW 195 AVENUE PEMBROKE PINES, FL 33024	Mailing Address 6870 SW 195 AVENUE PEMBROKE PINES, FL 33024
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2. Principal Place of Business 12941 NW 2nd St. Suite, Apt. #, etc. 201	3. Mailing Address 12941 NW 2nd St. Suite, Apt. #, etc. 201
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City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028	Zip 33028
Country USA	Country USA



02032004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0636512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDUARDO ROY FERRERO ALBERT 12941 NW 2ND STREET APT 201 PEMBROKE PINES, FL 33024
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME EDUARDO ROY FERRERO ALBERT	TITLE	NAME
STREET ADDRESS 12941 NW 2ND ST APT 201	CITY - ST - ZIP PEMBROKE PINES, FL 33028	STREET ADDRESS	CITY - ST - ZIP
TITLE VSTD	NAME CARMEN YASMIN FERRERO	TITLE	NAME
STREET ADDRESS 12941 NW 2ND ST APT 201	CITY - ST - ZIP PEMBROKE PINES, FL 33028	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

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.

SIGNATURE: Eduardo Ferrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR