


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000118206  
 1. Entity Name  
 PLASTEC NORTH AMERICA INC.



Principal Place of Business 7752 NW 74 AVE MIAMI, FL 33166	Mailing Address 7752 NW 74 AVE MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3661476	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SOSA, ERNESTO J  
 7752 NW 74 AVE  
 MIAMI, FL 33166

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SOSA, ERNESTO J
STREET ADDRESS	7752 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	P
NAME	SOSA, HECTOR V
STREET ADDRESS	7752 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	V
NAME	SOSA, DAVID
STREET ADDRESS	7752 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S
NAME	SOSA, BEATRIZ
STREET ADDRESS	7752 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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 or other like empowered.

SIGNATURE: Beatriz Sosa 4/15/05 306-897-6920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #