


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000127447					
1. Entity Name PLASTICSPRO CORP.					
Principal Place of Business 3508 NW 26TERR GAINESVILLE FL 32605			Mailing Address 3508 NW 26 TERR GAINESVILLE FL 32605		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1168338	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACIAS, ERNESTO D 3508 NW 26 TERR GAINESVILLE FL 32605				7. Name and Address of New Registered Agent Name Ernesto D. MACIAS Street Address (P.O. Box Number is Not Acceptable) 3508 NW 26 TERR City GAINESVILLE FL Zip Code 32605	
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)					



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1168338**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACIAS, ERNESTO D 3508 NW 26 TERR GAINESVILLE FL 32605		Name Ernesto D. MACIAS Street Address (P.O. Box Number is Not Acceptable) 3508 NW 26 TERR City GAINESVILLE FL Zip Code 32605	

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACIAS, ERNESTO D			NAME			
STREET ADDRESS	3508 NW 26 TERR			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACIAS, MARIA R			NAME			
STREET ADDRESS	3508 NW 26 TERR			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 02/01/06-80026-015 158.75

12. I hereby 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 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: *Ernesto D. Macias* **ERNESTO D MACIAS** 1/23/06 352-3161590