


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90056 001 ***150.00
 01-11-2008 90056 002 *****5.00
 01-11-2008 90056 003 *****8.75

DOCUMENT # P02000127447 1. Entity Name PLASTICSPRO CORP.	
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Principal Place of Business 3508 NW 26TERR GAINESVILLE, FL 32605	Mailing Address 3508 NW 26 TERR GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE

66000084



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1168338	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACIAS, ERNESTO D
 3508 NW 26 TERR
 GAINESVILLE, FL 32605**

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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 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	P MACIAS, ERNESTO D 3508 NW 26 TERR GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MACIAS, MARIA R 3508 NW 26 TERR GAINESVILLE, FL 32605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ernesto D. Macias* **ERNESTO D. MACIAS** 1/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #