


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO2000127447
1. Entity Name
PLASTICSPRO CORPORATION



FILED
03 OCT -7 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000023620690
10/07/03--01057--016 **155.00
REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3508 NW 26 TERRACE		3. Mailing Address 3508 NW 26 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FLA		City & State GAINESVILLE, FLA	
Zip 32605	Country USA	Zip 32605	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ERNESTO D. MACIAS**

Street Address (P.O. Box Number is Not Acceptable)
3508 NW 26 TERRACE

City **GAINESVILLE, FLA** **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  DATE **10/3/03**

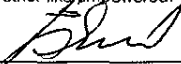
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ernesto D. Macias 3508 NW 26 Terrace, Gainesville, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Maria R. Macias 3508 NW 26 Terrace, Gainesville, FL 32605	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **10/3/03** DAYTIME PHONE # **352-3161590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2/10/04

PLASTICSPRO CORPORATION

Polymer Processing and Plant Operations Specialists

10/03/03

UNIFORM BUSINESS REPORT
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500


TO WHOM IT MAY CONCERN

Reviewing status of my Corporation with Accounting firm retained for services it has come to my attention that I should have received a letter from you indicating the need to file an annual report earlier.

Please be advised my records do not show having received said letter and consequently I am now filing it with this explanation and a check in the amount of \$155 (including \$5.00 for Election Campaign Contribution purposes) hoping the late charge can be obviated for the reasons explained above.

Thank you for your consideration,

Truly yours


Ernesto D. Macias
PRESIDENT