-2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Mar 05, 2005 08:00 AM DOCUMENT # P03000021416 1. Entity Name **Secretary of State** DEBRON PLASTICS THE CLEAR CHOICE, INC. Mailing Address Principal Place of Business 201 RACQUEST CLUB ROAD #N120 WESTON FL 33326 201 RACQUEST CLUB ROAD #N120 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State 4. FEI Number City & State 13-4238646 Not Applicable Zip Country \$8.75 Additional Country Zία 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERMER, BERNARD Street Address (P.O. Box Number is Not Acceptable) 201 RACQUEST CLUB ROAD #N120 WESTON FL 33326 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition THLE Delete HILE STERIMER, BERNARD NAME H00000251835 03/05/05-80003-002 150.00 201 RACQUET CLUB RD #N120 SIREFT ADDRESS STREET ADDRESS CHY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP Addition Delete TITLE ☐ Change THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City St-ZIP Change Addition HILL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additioπ THTLE Delete HHIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Educar

WRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR