

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122286					
1. Entity Name USA PAPER RECYCLING CORP.					
Principal Place of Business 4401 E 11 AVE HIALEAH, FL 33012			Mailing Address 4401 E 11 AVE HIALEAH, FL 33012		
2. Principal Place of Business 4401 E 11 AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State		4. FEI Number 73-1686738	
Zip 33013		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORES, MANUELA 4401 E 11 AVE HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name: ALEX HERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 4401 E 11 AVE. City: Hialeah FL Zip Code: 33013	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, MANUELA <input checked="" type="checkbox"/> Delete 4401 E 11 AVE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEX HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 E 11 AVE Hialeah, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800054668288 05/17/05--01026--022 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

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HIALEAH, FLORIDA



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