


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 003 ***150.00

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| | | | |
|--|---|---|--|
| DOCUMENT # P04000083529 1. Entity Name PLASTIC SOLUTIONS OF POMPANO, INC. | |  | |
| Principal Place of Business 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069 US | | Mailing Address 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069 US | |
| 2. Principal Place of Business - No P.O. Box # 1721 Blount Rd Suite, Apt. #, etc. #A | | 3. Mailing Address 1721 Blount Rd Suite, Apt. #, etc. #A | |
| City & State Pompano Bch, FL Zip 33069 Country USA | | City & State Pompano Bch, FL Zip 33069 Country USA | |
| 4. FEI Number 42-1641789 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALLEN, DANIEL 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 1721 Blount Rd #A City Pompano Bch FL Zip Code 33069 | |
| 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, 2007 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 | P GOMEZ, GILBERT 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PORES, TODD 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ALLEN, DANIEL 2301 N.W. 33RD COURT POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Daniel E Allen</i> | | Date: 4/27/07 Daytime Phone #: 954 974 3057 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |