## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000083529

Entity Name: PLASTIC SOLUTIONS OF POMPANO, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1721 BLOUNT RD 4100 N. POWERLINE ROAD

<sup>E</sup>A Z-5

POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33073 US

Current Mailing Address: New Mailing Address:

1721 BLOUNT RD 4100 N. POWERLINE ROAD

A Z-5

POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33073 US

FEI Number: 42-1641789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, DANIEL PORES, TODD

1721 BLOUNT RD 4100 N. POWERLINE RD

POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33073 US

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.

SIGNATURE: TODD PORES 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GOMEZ, GILBERT Name: GOMEZ, GILBERT
Address: 1721 BLOUNT RD #A Address: 4100 N. POWERLINE RD. STE Z-5

City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: POMPANO BEACH, FL 33073 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: PORES TODD Name: PORES TODD

 Name:
 PORES, TODD
 Name:
 PORES, TODD

 Address:
 1721 BLOUNT RD #A
 Address:
 4100 N. POWERLINE RD. STE Z-5

City-St-Zip: POMPANO BEACH, FL 33069 US City-St-Zip: POMPANO BEACH, FL 33073 US

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALLEN, DANIEL
 Name:

 Address:
 1721 BLOUNT RD #A
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD PORES VP 04/27/2009