

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90817 048 \*\*\*150.00

**DOCUMENT # P04000150134**

1. Entity Name  
**PLASTIC PARTS, INC.**



Principal Place of Business  
**2301 NW 33RD COURT  
#109  
POMPANO BEACH, FL 33069**

Mailing Address  
**2301 NW 33RD COURT  
#109  
POMPANO BEACH, FL 33069**

**40092027**



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**

04262007 Chg-P CR2E034 (12/06)

City & State

**PompanoBch, FL  
Zip 33069 Country USA**

City & State

**PompanoBch, FL  
Zip 33069 Country USA**

4. FEI Number

**33-1104616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OATES, THOMAS D ESQ.  
1500 EAST ATLANTIC BLVD., STE. B  
POMPANO BEACH, FL 33060**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

*Thomas D Oates*

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **ALLEN, DANIEL**  
STREET ADDRESS **2301 NW 33RD COURT #109**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **VPT** ☐ Delete  
NAME **PORES, TODD**  
STREET ADDRESS **2301 NW 33RD COURT**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1721 Blount Rd #A**  
CITY-ST-ZIP **PompanoBch, FL 33069**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1721 Blount Rd #A**  
CITY-ST-ZIP **PompanoBch, FL 33069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Daniel Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/07*  
Date

*954 974 3057*  
Daytime Phone #