


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000159725</b>	
1. Entity Name FLORIDA USED PALLETS, INC.	

Principal Place of Business 790 NW 22 ST. MIAMI, FL 33127	Mailing Address 790 NW 22 ST. MIAMI, FL 33127
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01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1935454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ORAMAS, ROSA M 790 NW 22 ST. MIAMI, FL 33127
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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: <i>Rosa M. Oramas</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <i>Rosa M. Oramas 02/04/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORAMAS, ROSA M 1310 WEST 29TH ST. APT. 14 HIALEAH, FL 33012
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02/14/07-80073-021 150.00

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>Rosa M. Oramas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>02/04/07</i> <small>Daytime Phone #</small>