


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000012065**

1. Entity Name  
**PLASTICS SOLUTIONS U.S.A., INC.**



Principal Place of Business  
**7752 N.W. 74TH AVENUE  
 MEDLEY, FL 33166**

Mailing Address  
**7752 N.W. 74TH AVENUE  
 MEDLEY, FL 33166**

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2218342**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOSA, ERNESTO  
 7752 N.W. 74TH AVENUE  
 MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOSA, HECTOR
STREET ADDRESS	7752 N.W. 74TH AVENUE
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	T
NAME	SOSA, ERNESTO
STREET ADDRESS	7752 N.W. 74TH AVENUE
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	V
NAME	SOSA, DAVID
STREET ADDRESS	7752 N.W. 74TH AVENUE
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	S
NAME	SOSA, BEATRIZ
STREET ADDRESS	7752 N.W. 74TH AVENUE
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/27/07-80073-010-158.75

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:** Beatriz Sosa **3/13/07** **305-887-6920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #