

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038439

Entity Name: ALL FLORIDA PAPER, INC.

FILED  
Feb 14, 2006  
Secretary of State

## Current Principal Place of Business:

6301 NW 37TH AVE  
MIAMI, FL 33147 US

## New Principal Place of Business:

9150 NW 105 WAY  
MEDLEY, FL 33178 US

## Current Mailing Address:

6301 NW 37TH AVE  
MIAMI, FL 33147 US

## New Mailing Address:

9150 NW 105 WAY  
MEDLEY, FL 33178 US

FEI Number: 65-0414657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CACERES, ARMANDO  
6301 NW 37TH AVE  
MIAMI, FL 33147 US

## Name and Address of New Registered Agent:

CACERES, ARMANDO  
9150 NW 105 WAY  
MEDLEY, FL 33178 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:

02/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: CACERES, MARISEL  
Address: 3160 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

Title: P ( ) Delete  
Name: CACERES, ARMANDO  
Address: 3160 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete  
Name: CACERES, MARISEL  
Address: 3160 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete  
Name: CACERES, ARMANDO  
Address: 3160 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition  
Name: CACERES, MARISEL  
Address: 9150 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

Title: P (X) Change ( ) Addition  
Name: CACERES, ARMANDO  
Address: 9150 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

Title: S (X) Change ( ) Addition  
Name: CACERES, MARISEL  
Address: 9150 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

Title: T (X) Change ( ) Addition  
Name: CACERES, ARMANDO  
Address: 9150 NW 105 WAY  
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: MARISEL CACERES

V

02/14/2006

Electronic Signature of Signing Officer or Director

Date