

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/4/2007-90043-009-\$550.00-\$550.00

FILED

2007 SEP 20 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/07)

<b>DOCUMENT # P94000020853</b> 1. Entity Name <b>PAPER STATION, INC.</b>			
Principal Place of Business <b>16605 N. MIAMI AVE. N. MIAMI BEACH FL 33169</b>		Mailing Address <b>16605 N. MIAMI AVE. N. MIAMI BEACH FL 33169</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		4. FEI Number <b>65-0488962</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>SOLOMON, HENRY G 16605 N. MIAMI AVE. N. MIAMI BEACH FL 33169</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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.			
SIGNATURE <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		DATE <b>09/17/07</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 5, 2007</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SOLOMON, HENRY G</b> STREET ADDRESS <b>19521 EMBASSY COURT</b> CITY-ST-ZIP <b>MIAMI FL 33179</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <b>HENRY G. SOLOMON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>09/17/07</b> D.M. 305-948-6999	

9/24/07