# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2004 8:00 am**
**Secretary of State**
07-12-2004 90020 044 ***158.75

DOCUMENT # P94000068873

1. Entity Name
ALL AMERICAN CONTAINERS OF TAMPA, INC.

54061357

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 GLEMAN PLACE<br>TAMPA, FL 33619 US | 9330 NW 110 AVENUE<br>MIAMI, FL 33178 US |

06222004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2400 GELMAN PLACE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA, FL | City & State |
| Zip: 33619 Country: U.S.A. | Zip Country |

4. FEI Number: 59-3269002 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CARROLL & ASSOCIATES<br>1260 SUNTRUST INTERNATIONAL CENTER<br>ONE SOUTHEAST THIRD AVENUE<br>MIAMI, FL 33131-1714 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OLIVER, FAUSTO D<br>9330 NW 110 AVENUE<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | vice president | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OLIVER, REMEDIOS D<br>9330 NW 110 AVENUE<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | president | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DIAZ, ROSA M<br>9330 NW 110 AVENUE<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FAUSTO G DIAZ<br>9330 NW 110 AVENUE<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** X Remedios Diaz Remedios Diaz 6/30/04 305-887-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #