## FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90210 045 \*\*\*150.00

## 2008 FOR PROFIT CORPORATION

ANNUAL REPURI										
DOCUMENT # P96000019595  1. Entity Name PLASVALE USA, INC.						40032480				
Principal Place of Business Mailing Address						_				
1395 BRICKI	ell ave	1395 BRICKELL AVE								
SUITE 650			SUITE 650			1				
MIAMI, FL 33131 US MIAMI, FL_33131 US							ara our Jac: east 2211		 2010 MIR M	ITEL B MEL
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
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18001 Old Cutler Road			18001 Old Cutler Road Suite Apr. 4 stc.			l				
Suite, Apt. #, etc. 600			Suite, Apri. #, etc. 600			02012008	Chg-P	CR2E034	(12/06)	
City & State			City & State			4. FEI Number	,		I An	olled For
Miani Fl.			Miami FL			65-0679				(Applicable
Zip	Country		Zip FL	Coun	ntrv	· · ·		_ \$	8.75 Add	
33157	555.57	I .	33157		,	5. Certificate o	of Status Desired		e Require	
	6. Name and Addre					7. Name and	Address of New R	egistered Ag	ent	
Name										
STEWART, ROBERT W Stewart										
1395 BRICKELL AVE					Street Address (P.O. Box Number is Not Acceptable) 18001 01d Cutler Road					
SUITE 650					TOOOL	TO COLTE	. Kuau			
MIAMI, FL	33131		Suite 6							
					City			FL	Zrp Code	
					Miani				<u>331</u>	
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 COUPTY, ROBERT W. STEWART, PRESIDENT 2.28.08										3
Signature, typed or prified name of registered agent and title II applicable. (NOTE: Registered Agent signature required when refinating) CATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   One Added to Fees										
10.	0	FFICERS AND DIRE	CTORS	11.		ADDITIONS/	HANGES TO OFFI	CERS AND D	RECTOR	3 IN 11
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42 I borobu	partify that the information	n europlied with this	filing does not qualify to	v the ev	emotions contained	in Chapter 119	Florida Statutes 1	further certify	that the i	nformation
12. I hereby certify that the information supplied with this filling does not quality 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, high all other like empowered.										