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	lst l	MOORE	CR2E034	(10/05)	
. –	4. FEI Number	65-065556	 39		pplied For ot Applicab
	5. Certificate of	f Status Desired		\$8.75 Add	iditional
-	7. Name and A	Address of New			
*.ddress (P.O. Box Number	is Not Acceptat	ole)		
			FL	Zip Cod	ie
≡ register	red agent, or both	, in the State of F) amiliar with	, and accer
					_
requirec	d when reinstaling)		DATE		
		9. Election Camp Trust Fund Co			.00 May B led to Fees
	ADDITIONS/C	CHANGES TO OF	FICERS AND		
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Spontained in Section 119, Florida Statutes I further certify that the information have the same legal effect as if made under oath, that I am an officer or directed hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

FRANKETENFEL 351-770

SIGNATURE:

2006 FOR PROFIT CORPORATION
ANNUAL REPORT (ARR)

3	ANNU	JAL RE	:PORTL(AI	4)	
DOCUI		000025012	423, 2006 0 Secretary o	8:00 AA f Status	
SOURCE	ONE PLASTICS,		,		
Principal Place of Business			Mailing Address		
1101 N.W. 52ND ST.			1101 N.W. 52ND ST.		
BAY 2 FT. LAUDERALE FL 33309			BAY 2 FT. LAUDERALE FL 33309		
2. Principal Place of Business		:	3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country		Zip	Country	
	6. Name and Addre	ss of Current R	egistered Agent	Name	
8 S.	OSSFIELD, SERIL E. 8TH STREET LAUDERDALE FL			Stree	
	named entity submits the ons of registered agent	nis statement for	the purpose of changing	its registered office	
SIGNATURE.	Signature, typed or printed name	of registered agent ar	nd late if applicable (N	OTE Registered Agent Se	
After	ILE NOW!!! FEE IS May 1, 2006 Fee Wil Payable to Florida D	Be \$550.00	State		
10.	0	FFICERS AND D	DIRECTORS	11.	
TITLE	D	,	☐ Deiele	TITLE	
NAME STREET ADDRESS	TENFEL, FRANK 1100 N.W. 52ND ST.	DAV 2		NAME STREET ADDRES	
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP	
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	
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NAME				NAME	
STREET ADDRESS				STREET AUTHOR	
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STREET ADDRESS		1		STREET ADDRESS	
CITY-ST-ZIP	partifu that the information	on cumplical with	this filing does not qualif	CITY-ST-ZIP	
indicated of the co	on this report or supple poration or the receive	niental report is or trustee empo	true and accurate and that owared to execute this rep with all other like empoy	it my signature ai port as required b	