## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P96000025024 Jan 25, 2007 08:00 AM Secretary of State SOURCE ONE PLASTICS, INC. Principal Place of Business Mailing Address 1101 N.W. 52ND ST. 1101 N.W. 52ND ST. BAY 2 FT. LAUDERALE FL 33309 FT. LAUDERALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0655569 Not Applicable $Z_{1D}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSSFIELD, SERIL L Street Address (P.O. Box Number is Not Acceptable) 8 S.E. 8TH STREET FT. LAUDERDALE FL 33316 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS mu Delete HILL ☐ Change U00000602085 TENFEL, FRANK NAMI NAME 01/26/07-80075-014 150.00 1100 N.W. 52ND ST. BAY 2 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-7(P CHY-SI-ZIP ☐ Defete ☐ Change Addition NAME SIDEE1 ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7/P HH Delete Change Addition ш NAML NAME STREET ADDRESS SINCET ADDRESS CHY-SI-ZIP CUY-SI-ZIP Dolete ☐ Change Addition NAML NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CJIY-SI-ZIP Defete □ Change ☐ Addition fürt. DIME NAMI NAME STREET ADDRESS SUBJECT ADDRESS CHY-ST-7IP CITY-ST-7P ☐ Change TITLE ☐ Delete HHE Addition . NAMI NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director indicated on this report or supplemental report is true and accurate the figure of the same legal effect as if made under eath; that I am an officer or director the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; that I am an officer or director of the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath is same legal effect as if made under eath is same legal effect.