

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90031 004 ***158.75

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DOCUMENT # P96000051726 1. Entity Name KNOWLES PLASTICS, INC.					
Principal Place of Business 2001 S.W. 20TH ST FT LAUDERDALE, FL 33315 US			Mailing Address 10301 NW 16TH CT CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # 2019 SW 20th Suite 242		3. Mailing Address 2019 SW 20 STREET			
Suite, Apt. #, etc. Ft. Lauderdale		Suite, Apt. #, etc. 242			
City & State FL		City & State FORT LAUDERDALE, FL		4. FEI Number 65-0680641	
Zip 33316		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33315		Country US		01292007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KNOWLES, JEFF 10301 NW 16TH CT CORAL SPRINGS, FL 33071 Ft. Lauderdale, FL 33315				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KNOWLES, JEFF 10301 NW 16TH CT CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KNOWLES, JEFF 2019 SW 20TH STREET, SUITE 242 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNOWLES, LISA 10301 NW 16TH CT CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNOWLES, LISA 2019 SW 20TH STREET, SUITE 242 FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Lisa Knowles 3/6/07 754 713 0374 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					