2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033246

FOGARTY, WILLIAM M

8321 BUTTERFIELD LANE

BOCA RATON, FL 33433

Name:

Address:

City-St-Zip:

Entity Name: PLASTIC ENGINEERING ASSOCIATES LICENSING, INC.

FILED Jul 29, 2009 Secretary of State

y		e Ententeento Accesione	.o EloEl toll to,			
Current Principal Place of Business:				New Principal Place of Business:		
2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431				2300 CORPORATE BLVD., N.W. SUITE 111 BOCA RATON, FL 33431		
Current Mailing Address:				New Mailing Address:		
2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431				2300 CORPORATE BLVD., N.W. SUITE 111 BOCA RATON, FL 33431		
FEI Number:	65-0808100	FEI Number Applied For ()	FEI Number N	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FOGARTY, WILLIAM M 2300 CORPORATE BLVD., N.W., #111 BOCA RATON, FL 33431 US				FOGARTY, WILLIAM M 2300 CORPORATE BLVD., N.W. SUITE 111 BOCA RATON, FL 33431 US		
	named entity e of Florida.	submits this statement for the	purpose of cha	nging its registered	d office or registered agent, or both,	
SIGNATURE:				07/29/2009		
Electronic Signature of Registered Agent				Date		
		193(2)(b), F.S., the corporation did r ng Trust Fund Contribution ().	ot receive the pri	ior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPT (FOGARTY, D 4750 BISON BOCA RATO	ST.	Title: Name Addre City-	e:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (FOGARTY, M 8321 BUTTEI BOCA RATOI	RFIELD LANE	Title: Name Addre City-	e:	() Change () Addition	
Title:	DV () Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW A. FOGARTY DS 07/29/2009