## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 15, 2007 08:00 A Secretary of State **DOCUMENT # P98000003031** GEO PLASTIC PIPE TECHNOLOGY CORP. Principal Place of Business Malling Address 8160 GENEVA CT P.O. BOX 526803 MIAMI, FL 33152-6803 US SUITE 401 MIAMI, FL 33166 02122007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0808427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGUILAR, J. ERNESTO DO NOT WRITE 8160 GENEVA CT **SUITE 401** IN THIS SPACE MIAMI, FL 33166 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 Forda, I am familiar with, and accept the opligations of registered agent. Signature, lysertier pictical tame of registered agent and the Tabbleable dIGTS: Registered Agent algorith or required when reinstalings CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000636799 02/26/07-80034-005 150.00 TITLE AGUILAR, J. ERNESTO NAME 8160 GENEVA CT SUITE 401 STREET ADDRESS City-St-ZIP MIAMI, FL 33166 TITLE LAME STREET ADDRESS CITY ST-ZIP TITLE MAME

## DO NOT WRITE IN THIS SPACE

12. I hereby cert'ty that the information supplied with this ting does not graffly for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied report is truty 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 of trustee empowered to execute his 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 agreese supplied given the receiver of trustee.

J. ENNESTU

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. 7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGVILAR

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