

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90059 043 ***150.00

DOCUMENT # P98000014343

1. Entity Name
PLASTIRAMA ENTERPRISES, INC.



Principal Place of Business
**7551 NW 70 STREET
MIAMI FL 33166**

Mailing Address
**7551 NW 70 STREET
MIAMI FL 33166**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0819160**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDOR, JORGE A
7300 W E AVE
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **Jorge A Baldor**

Street Address (P.O. Box Number is Not Acceptable)

7551 N.W. 70th Street

City **Miami, Florida**

FL Zip Code **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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(Not for Registered Agent signature required when re-registering)

DATE

2-8-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| NAME | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BALDOR, JORGE A | |
| STREET ADDRESS | 7551 NW OSR | |
| CITY ST ZIP | MIAMI FL 33166 | |
| NAME | VD | <input checked="" type="checkbox"/> Delete |
| NAME | BALDOR, ALICIA A | |
| STREET ADDRESS | 7551 NW | |
| CITY ST ZIP | MIAMI FL 33166 | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Baldor Jorge A |
| STREET ADDRESS | 7551 N.W. 70th Street |
| CITY ST ZIP | Miami, FL 33166 |
| NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Baldor Alicia A |
| STREET ADDRESS | 7551 N.W. 70th Street |
| CITY ST ZIP | Miami, FL 33166 |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY ST 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-07

Date

Daytime Phone #