

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000048485

1. Entity Name
KCS PLASTICS, INC.



Principal Place of Business
6201 S.W. 183RD. WAY
FT. LAUDERDALE, FL 33331

Mailing Address
6201 S.W. 183RD. WAY
FT. LAUDERDALE, FL 33331



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0841069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROUWER, BRUCE
6201 S.W. 183RD. WAY
FT. LAUDERDALE, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 the fee paid

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BROUWER, BRUCE
6201 S.W. 183RD. WAY
FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BROUWER, PATRICIA
6201 S.W. 183RD. WAY
FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U000000190272
01/24/05-80130-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Bruce Brouwer* **BRUCE BROUWER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/20/05 9544342714