

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90202 015 ***158.75

DOCUMENT # P99000034697

1. Entity Name
PAPERS "R" US, INC.



Principal Place of Business
3715 OAK RIDGE CIRCLE
FORT LAUDERDALE, FL 33331

Mailing Address
3715 OAK RIDGE CIRCLE
FORT LAUDERDALE, FL 33331



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1070648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORZO, MARIA
3715 OAK RIDGE CIRCLE
FORT LAUDERDALE, FL 33331

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CORZO, MARIA	
STREET ADDRESS	3715 OAK RIDGE CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CORZO, JUAN	
STREET ADDRESS	3715 OAK RIDGE CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORZO, ANA	
STREET ADDRESS	3715 OAK RIDGE CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-7-04

305-681-9989

Date

Daytime Phone #