2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2005 90398 019 ***158.75 **DOCUMENT # P99000038926** PAPÉR CLIPS OFFICE SUPPLIES, INC. Principal Place of Business Mailing Address 7220 NW 36TH-ST. #305 12144 67TH_ST. N 14013431 WEST PACK BEACH, FL 33412 MIAML Ft 33166 2. Principal Place of Business Paper Clips Office Supplies , Inc. $_{04272005}$ Paper Clips Office Supplies, Inc. Chg-P CR2E034 (10/03) 8613 NW 54th Avenue 8613 NW 54th Avenue Applied For 1. FEL Number Miami, Fl 33166 Miami, Fl 33166 65-0918185 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ALI, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 12144 67 TH ST. N WEST PALM BEACH, FL 33412 City 8. The above named entity supplies 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 register 4-27-05 Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete Change Addition TITLE TITLE 8613 NW 54th Avenue ALI, CHRISTOPHER NAME NAME STREET ADDRESS 12144 677FF ST N STREET ADDRESS Miami, Fl 33166 COOPER CIPY, FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLIY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP THUE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a page ress, with all other like empowered. SIGNATURE:

FILED

May 02, 2005 8:00 am Secretary of State