## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 14, 2005 8:00 am Secretary of State DOCUMENT # P99000057220 1. Entity Name 03-14-2005 90087 010 \*\*\*150.00 GLOBAL INDUSTRIAL PLASTICS, INC. Principal Place of Business Mailing Address **8269 NW 56TH STREET** 8269 NW 56TH STREET **MIAMI FL 33166 MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0929305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMAYA ARMANDO AMAYA, HELENA Street Address (P.O. Box Number is Not Acceptable) 8269 NW 56TH STREET 8269 N.W. 56TH STREET **MIAMI FL 33166** MIAMI 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 apant SIGNATURE Signature, typed or f ited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE X☐ Change PRESIDENT AMAYA, HELENA NAME NAME ARMANDO AMAYA STREET ADDRESS 8269 NW 56TH STREET STREET ADDRESS 8269 N.W. 56th ST.MIAMI, FL. 33166 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VICE-PRESIDENT X Change ☐ Addition AMAYA, ARMANDO NAME HELENA AMAYA STREET ADDRESS 8269 NW 56TH ST. STREET ADDRESS 8269 NW 56th ST, MIAMI, FL. 33166 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP Delete THILE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP THILE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Defete TITLE Change ☐ Addition NAME 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 ephpowered 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.

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR