


2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/16/2007-90200-027-\$150.00-\$150.00

DOCUMENT # P99000075093

1. Entity Name
PLASTIC NATION, INC.



07 JUL 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 20283 STATE ROAD 7 SUITE #104 BOCA RATON, FL 33498 US	Mailing Address 20283 STATE ROAD 7 SUITE #104 BOCA RATON, FL 33498 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0942866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

*David A. Netburn, Esq
Robrick & Netburn,
9734 West Sample Road,
Coral Springs, FL 33065.*

7. Name and Address of New Registered Agent

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature retained when transferring)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: _____ DATE: _____ DAYTIME PHONE # _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SHOWED OFFICER OR DIRECTOR)