2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000083913

1. Entity Name
PLASTIMOLD PRODUCTS, INC.

Principal Place of Business	Mailing Address
544 N.W. 77TH STREET BOCA RATON, FL 33487	544 N.W. 77TH STREET BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0945584	Not Applicable

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

6. Name and Address of Current Registered Agent

PARISI, JOSEPH
544 NW 77TH STREET
BOCA RATON, FL 33487

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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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000003313034 04/18/05-80111-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PARISI, JOSEPH
STREET ADDRESS	544 NW 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	D
NAME	PARISI, CATHERINE G
STREET ADDRESS	544 NW 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487

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CITY-ST-ZIP	

DO NOT WRITE 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)(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.   JOSEPH PARISI

SIGNATURE: *Joe Parisi*   PRESIDENT 4-7-05   561-869-0183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #