

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90096 047 \*\*\*150.00

<b>DOCUMENT # P99000100412</b> 1. Entity Name <b>PAPER &amp; CLIPS DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>7060 TAFT STREET HOLLYWOOD, FL 33024</b>		Mailing Address <b>7060 TAFT STREET HOLLYWOOD, FL 33024</b>	
2. Principal Place of Business <b>269 N. University Dr.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Pembroke Pines, Florida</b> Zip <b>33024</b>		3. Mailing Address <b>269 N. University Dr.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Pembroke Pines, Florida</b> Zip <b>33024</b>	
4. FEI Number <b>65-0964370</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUIZ, NADIN 6770 TAFT STREET HOLLYWOOD, FL 33024</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RUIZ, NADIN</b> <b>6770 TAFT ST</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>V</b> <b>DEL VALLE, MARIBEL</b> <b>8886 SW 3RD STREET</b> <b>PEMBROKE PINES, FL 33025</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PRESIDENT</b> <b>RUIZ, NADIN</b> <b>5303 SW 11TH STREET</b> <b>Plantation, FL 33317</b>
<b>P</b> <b>RUIZ, IRVING</b> <b>5303 SW 11TH STREET</b> <b>PLANTATION, FL 33317</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VICE-PRESIDENT/TREASURER</b> <b>DEL VALLE, MARIBEL</b> <b>8886 SW 3RD STREET</b> <b>Pembroke Pines, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b>		<b>MARIBEL DEL VALLE</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/17/06</b> Daytime Phone # <b>(954) 964-7022</b>	