

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000100412

FILED
Oct 04, 2006
Secretary of State**Entity Name:** PAPER & CLIPS DISTRIBUTORS, INC.**Current Principal Place of Business:**269 NORTH UNIVERSITY DRIVE
SUITE B
PEMBROKE PINES, FL 33024 US**New Principal Place of Business:****Current Mailing Address:**269 NORTH UNIVERSITY DRIVE
SUITE B
PEMBROKE PINES, FL 33024 US**New Mailing Address:****FEI Number:** 65-0964370**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RUIZ, NADIN
6770 TAFT STREET
HOLLYWOOD, FL 33024 US**Name and Address of New Registered Agent:**RUIZ, NADIN
269 N. UNIVERSITY DRIVE
SUITE B
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

10/04/2006

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: RUIZ, NADIN
Address: 5303 SOUTHWEST 11TH STREET
City-St-Zip: PLANTATION, FL 33317**Title:** VPTR () Delete
Name: DEL VALLE, MARIBEL
Address: 8886 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33025**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPTR (X) Change () Addition
Name: DEL VALLE, MARIBEL
Address: 8886 SW 3RD STREET #102
City-St-Zip: PEMBROKE PINES, FL 33025**Title:** VPSE () Change (X) Addition
Name: HERNANDEZ, HUMBERTO L
Address: 8886 SW 3RD STREET #102
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADIN RUIZ

Electronic Signature of Signing Officer or Director

P

10/04/2006

Date