


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 025 ***150.00

DOCUMENT # S34640
 1. Entity Name
REINFORCED PLASTICS DISTRIBUTING, INC.



Principal Place of Business
**3672 NW 16 ST
 LAUDERHILL, FL 33311 US**

Mailing Address
**WILLIAM & SHARON TRAKEMAS
 21012 CHURON AVENUE
 PORT CHARLOTTE, FL 33952**

2. Principal Place of Business
 3. Mailing Address
1402 NW BOTH AVE

Suite, Apt. #, etc.
508

City & State
MARGATE, FL

Zip Country
33063 USA



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0251269		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRAKEMAS, WILLIAM P 21012 CHURON AVE. PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name TRAKEMAS, WILLIAM P. Street Address (P.O. Box Number is Not Acceptable) 1402 NW BOTH AVE #508 City MARGATE FL Zip Code 33063

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 William P. Trakemas DATE 2/2/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAKEMAS, WILLIAM P 21012 CHURON AVE. PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAKEMAS, WILLIAM P 1402 NW BOTH AVE #508 MARGATE, FL. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAKEMAS, SHARON N 21012 CHURON AVE. PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAKEMAS, SHARON N 1402 NW BOTH AVE. #508 MARGATE, FL. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: William P. Trakemas DATE 2/2/06 954-584-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #