


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

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



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

Mailing Address
**1402 NW 80TH AVE
 # 508
 MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0251269 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRAKEMAS, WILLIAM P
 1402 NW 80TH AVE # 508
 MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000850540
 03/25/08-80002-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAKEMAS, WILLIAM P
STREET ADDRESS	1402 NW 80TH AVE # 508
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	V
NAME	TRAKEMAS, SHARON N
STREET ADDRESS	1402 NW 80TH AVE, #508
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 **3/5/08** **954-584-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #