

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # S95881

1. Entity Name
THE PAPER PEOPLE, INC.



Principal Place of Business

1801 WEST AVE
MIAMI BEACH, FL 33139 US

Mailing Address

PO BOX 190816
MIAMI, FL 33119 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0299023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELLIG, SONNY ZALMAN
1801 WEST AVE
MIAMI BEACH, FL 33140

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000924240
05/16/08-80065-014 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME FELLIG, CHRISTINE
STREET ADDRESS 1801 WEST AVE
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VP
NAME FELLIG, SONNY Z
STREET ADDRESS 1801 WEST AVE
CITY-ST-ZIP MIAMI BEACH, FL

TITLE S
NAME FELLIG, SOLOMON
STREET ADDRESS 1801 WEST AVE
CITY-ST-ZIP MIAMI BEACH, FL

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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IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONNY Z. FELLIG V.P.

4/14/08

305 538-2973

Date

Daytime Phone #