


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90148 045 ***158.75

0412355 AV

DOCUMENT # V59134	
1. Entity Name CR PLASTICS INC.	

Principal Place of Business 2790 NE 7TH AVE POMPANO BEACH FL 33064	Mailing Address 2703 SW 14TH DR DEERFIELD BEACH FL 33442
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2. Principal Place of Business 2703 SW 14th Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deerfield Bch. FL	City & State
Zip 33442	Country US

4. FEI Number 65-0353358	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDSTEIN, DONNA 2790 NE 7 AVE POMPANO BEACH FL 33064	
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7. Name and Address of New Registered Agent Name: Goldstein, Donna Street Address (P.O. Box Number is Not Acceptable): 2703 SW 14th Dr City: Deerfield Beach FL Zip Code: 33442	
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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: Donna Goldstein	Donna Goldstein, Treasurer 5/28/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, CLIFFORD 2790 NE 7 AVE POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Goldstein, Clifford 2703 SW 14th Dr Deerfield Bch. FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GOLDSTEIN, DONNA 2790 NE 7 AVE POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Goldstein, Donna 2703 SW 14th Dr Deerfield Bch. FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALEOLOGOS, ATHENA 2790 NE 7 AVE POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paleologos, Athena 2703 SW 14th Dr Deerfield Bch. FL <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: Donna Goldstein	Donna Goldstein, Treasurer (954) 421-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)