2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# P01000017050

Entity Name: FLORIDA UNPACKING SERVICES INCORPORATED

Current Principal Place of Business:

19333 COLLINS AVENUE
SUITE 509
MIAMI, FL 33160

New Principal Place of Business:

Current Mailing Address:

19333 COLLINS AVENUE
SUITE 509
MIAMI, FL 33160

New Mailing Address:

FEI Number: 65-1084689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY ROY
297 SUNNY ISLES BLVD
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUSHNER, KENNETH
Address: 19333 COLLINS AVENUE SUITE 509
City-St-Zip: MIAMI, FL 33160

Title: VPD ( ) Delete
Name: KUSHNER, ALEXANDER
Address: 19333 COLLINS AVENUE SUITE 509
City-St-Zip: MIAMI, FL 33160

Title: SD ( ) Delete
Name: KUSHNER, DUSTIN
Address: 19333 COLLINS AVENUE SUITE 509
City-St-Zip: MIAMI, FL 33160

Title: TD ( ) Delete
Name: KUSHNER, ESTELLE J
Address: 19333 COLLINS AVE SUITE 509
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH KUSHNER PD 01/22/2004

Electronic Signature of Signing Officer or Director Date