


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000017050

1. Entity Name
FLORIDA UNPACKING SERVICES INCORPORATED



Principal Place of Business Mailing Address

19333 COLLINS AVENUE 19333 COLLINS AVENUE
 SUITE 509 SUITE 509
 MIAMI FL 33160 MIAMI FL 33160

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUSHNER, KENNETH <input type="checkbox"/> Delete 19333 COLLINS AVENUE SUITE 509 MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KUSHNER, ALEXANDER <input type="checkbox"/> Delete 19333 COLLINS AVENUE SUITE 509 MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KUSHNER, DUSTIN <input type="checkbox"/> Delete 19333 COLLINS AVENUE SUITE 509 MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KUSHNER, ESTELLE J <input type="checkbox"/> Delete 19333 COLLINS AVE SUITE 509 MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000207424 02/01/05-80044-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Kenneth Kushner* Kenneth Kushner Jan 27, 05 (305) 506-5477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #