2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000017050

Entity Name: FLORIDA UNPACKING SERVICES INCORPORATED

FILED Jul 19, 2005 Secretary of State

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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19333 COLLINS AVENUE 2051 NE 160 STREET SUITE 509 NORTH MIAMI, FL 33162 MIAMI, FL 33160

Current Mailing Address: New Mailing Address:

19333 COLLINS AVENUE 2051 NE 160 STREET SUITE 509 NORTH MIAMI, FL 33162 MIAMI, FL 33160

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title:

Title: () Delete (X) Change () Addition KUSHNER, KENNETH KUSHNER, KENNETH Name: Name:

19333 COLLINS AVENUE SUITE 509 2051 NE 160 STREET Address: Address: MIAMI, FL 33160 City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33162

Title: VPD Title: VPD (X) Change () Addition () Delete

Name: KUSHNER, ALEXANDER Name: KUSHNER, ALEXANDER

19333 COLLINS AVENUE SUITE 509 2051 NE 160 STREET Address: Address: MIAMI, FL 33160 NORTH MIAMI, FL 33162 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition SD () Delete SD KUSHNER, DUSTIN KUSHNER, DUSTIN Name: Name:

19333 COLLINS AVENUE SUITE 509 2051 NE 160 STREET Address: Address: City-St-Zip: MIAMI, FL 33160 City-St-Zip: NORTH MIAMI, FL 33162

Title: () Delete Title: (X) Change () Addition

KUSHNER, ESTELLE J KUSHNER, ESTELLE J Name: Name: Address: 19333 COLLINS AVE SUITE 509 Address: 2051 NE 160 STREET City-St-Zip: City-St-Zip: MIAMI, FL 33160 NORTH MIAMI, FL 33162

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 **PRES** 07/19/2005