

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017050

FILED
Jan 05, 2006
Secretary of State

Entity Name: FLORIDA UNPACKING SERVICES INCORPORATED

Current Principal Place of Business:

2051 NE 160 STREET
NORTH MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

2051 NE 160 STREET
NORTH MIAMI, FL 33162

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: 2051 NE 160 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: VPD () Delete
Name: KUSHNER, ALEXANDER
Address: 2051 NE 160 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: SD () Delete
Name: KUSHNER, DUSTIN
Address: 2051 NE 160 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: TD () Delete
Name: KUSHNER, ESTELLE J
Address: 2051 NE 160 STREET
City-St-Zip: NORTH MIAMI, FL 33162

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 Chapter 119, 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: ALEXANDER KUSHNER

VPD

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date