

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000058893**

1. Entity Name  
**BRUNI GLASS PACKAGING, INC.**



Principal Place of Business  
**2 SOUTH BISCAYNE BLVD.  
 SUITE 3400  
 MIAMI, FL 33131**

Mailing Address  
**2 SOUTH BISCAYNE BLVD., SUITE 3400  
 MIAMI, FL 33131**



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-1021332** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GY CORPORATE SERVICES, INC.  
 2 SOUTH BISCAYNE BLVD., SUITE 3400  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	DCEO DEL BON, GINO 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DEL BON, ROBERTO 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
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 05/12/08-80013-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTO DE BON**

**4/4/08**

Date

**305-876-4481**

Daytime Phone #