

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058893

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD.  
SUITE 3400  
MIAMI, FL 33131

**New Principal Place of Business:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD.  
SUITE 3400  
MIAMI, FL 33131

**New Mailing Address:**

201 SOUTH BISCAYNE BLVD.  
SUITE 1500 (A4F)  
MIAMI, FL 33131

**FEI Number:** 20-1021332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD., SUITE 1500(A4F)  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: DEL BON, GINO  
Address: 2 S. BISCAYNE BLVD., SUITE 3400  
City-St-Zip: MIAMI, FL 33131

Title: DPS  
Name: DEL BON, ROBERTO  
Address: 2 S. BISCAYNE BLVD., SUITE 3400  
City-St-Zip: MIAMI, FL 33131

Title: CFO  
Name: KOR, RAY  
Address: 2 S. BISCAYNE BLVD., SUITE 3400  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO DEL BON

P

03/30/2011

Electronic Signature of Signing Officer or Director

Date