## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000155170

Name:

Address: City-St-Zip: ORIOL, ALBERTO C

1555 SOUTH OCEAN LANE

FORT LAUDERDALE, FL 33316

Entity Name: PACKAGING DEPOT, INC

FILED Mar 20, 2006 Secretary of State

•			- ·, ···-					
Current Principal Place of Business:				N	New Principal Place of Business:			
1555 SOUTH OCEAN LANE 275 FORT LAUDERDALE, FL 33316				7865 NW 46ST				
				N	MIAMI, FL 33166			
Current Mailing Address:				N	New Mailing Address:			
1555 SOUTH OCEAN LANE				-	7865 NW 46ST			
275 FORT LAUDERDALE, FL 33316				MIAMI, FL 33166				
FEI Number:		FEI Num	nber Applied For()	FEI Numb	ımber Not Applicable (X)		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				N	Name and Address of New Registered Agent:			
	of Florida.	ity submits th	nis statement for the p	ourpose of c	changing it	s register	red office or registered agent, or both,	
Electronic Signature of Registered Agent					Date			
Election Car	npaign Finan	cing Trust Fur	nd Contribution ( ).					
OFFICERS AND DIRECTORS:				P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		()Delete BERTO T H OCEAN LANI DERDALE, FL(		N A	itle: lame: ddress: city-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete AQUIN H OCEAN LANI DERDALE, FL (		N A	itle: lame: ddress: city-St-Zip:		(X) Change ( ) Addition DAQUIN HBISCUS ST , FL 33332	
Title:	D	( ) Delete		Т	ïtle:	D	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

ORIOL, ALBERTO C

AVENTURA, FL 33160

2800 WILLIAMS ISLAND BLVD APARTMENT 2802

SIGNATURE: JOAQUIN ORIOL D,S 03/20/2006