2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155170

Entity Name: PACKAGING DEPOT, INC

FILED Jan 19, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
7865 NW MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7865 NW MIAMI, FL					
FEI Number	: 20-3881956	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
805 SW 15	NO, RONALDC 58TH TERRAG JDERDALE, F	CE			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ORIOL, ALBER 1555 SOUTH (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,S (ORIOL, JOAQI 19132 N HIBIS WESTON, FL	CUS ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ORIOL, ALBER	IS ISLAND BLVD APARTMENT 2802	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOAQUIN ORIOL DS 01/19/2009