

2005 FOR PROFIT CORPORATION ANNUAL REPORT


2/1

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90029 040 ***150.00

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1. Entity Name
A-1 PACKAGING SUPPLIES, INC.



Principal Place of Business 9210 NW 12 ST MIAMI, FL 33172 US	Mailing Address 9210 NW 12 ST MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE

00001010



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0655821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRENECHE, MICHAEL J
 14307 SW 100 LANE
 MIAMI, FL 33186

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	TORRES, RUBY
STREET ADDRESS	9210 NW 12 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	P
NAME	TORRES, HUGO
STREET ADDRESS	9210 NW 12 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruby E. Torres* **03/9/05 (305) 477-1333**

SIGNATURE AND TITLE TO BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #