


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # B94000040633

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



02132006 No Chg-P CR2E034 (11/05)

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

B. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	MD TORRES, RUBY 9210 NW 12 ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, HUGO 9210 NW 12 ST MIAMI, FL 33172
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03/20/06 00024-024 150.00

12. I hereby certify that the information supplied with 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]* **3/6/06** **(305) 477-1333**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE City/State Phone #