


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 044 ***150.00

DOCUMENT # P98000034866

1. Entity Name
JOHN BOCHINO PACKAGING, INC.



Principal Place of Business Mailing Address

1800 S OCEAN DR 1800 S OCEAN DR
404 404
FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

40011102

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

600 WEST LAS OLAS BLVD., **600 WEST LAS OLAS BLVD.,**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1405 **1405**



01202007 Chg-P CR2E034 (12/06)

City & State City & State

FT LAUDERDALE, FL **FT LAUDERDALE, FL**

Zip Country Zip Country

33312 **USA** **33312** **USA**

4. FEI Number Applied For

65-0828747 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOCHINO, JOHN
1800 S OCEAN DR
#404
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600 WEST LAS OLAS BLVD., #1405

City State Zip Code

FT LAUDERDALE **FL** **33312**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOCHINO, JOHN	
STREET ADDRESS	1800 S OCEAN DR #404	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 LAS OLAS BLVD., #1405	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ✓ *John Bochino* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

✓ 1/30/07 **Date** ✓ 954-463-2711 **Daytime Phone #**