


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 045 ***150.00

DOCUMENT # P98000034866

1. Entity Name
JOHN BOCHINO PACKAGING, INC.



Principal Place of Business Mailing Address


600 WEST LAS OLAS BLVD **600 WEST LAS OLAS BLVD**
1405 **1405**
FORT LAUDERDALE, FL 33312 **FORT LAUDERDALE, FL 33312**

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

45 Hendricks Isle **45 Hendricks Isle**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#201 **#201**

City & State City & State

Ft Lauderdale, FL **Ft Lauderdale, FL**
Zip Country Zip Country
33301 **USA** **33301** **USA**



01182008 Chg-P CR2E034 (12/06)

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
600 WEST LAS OLAS BLVD #1405
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
45 Hendricks Isle, #201
City State Zip Code
Ft Lauderdale **FL** **33301**

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, 2008 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	<input type="checkbox"/> Delete
	BOCHINO, JOHN	600 LAS OLAS BLVD #1404	FORT LAUDERDALE, FL 33312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		45 Hendricks Isle, #201	Ft Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

1/29/08 **Date** *954-463-2711* **Daytime Phone #**