


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 021 ****70.00

DOCUMENT # N04000003531

1. Entity Name
 PACK 76, INC.



Principal Place of Business
 ST. PHILLIPS EPISCOPAL CHURCH
 1142 CORAL WAY
 CORAL GABLES, FL 33134

Mailing Address
 PACK 76 C/O JESS LAWHORN
 1432 MERCADO AVE
 CORAL GABLES, FL 33146 US

4011243U

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

3. Mailing Address
 Suite, Apt. #, etc.
 2655 Lejeune Rd Ste 1101

Suite, Apt. #, etc.
 2655 Lejeune Rd Ste 1101

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip
 33134

Country
 US



01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

LAWHORN, JESS S JR
 1432 MERCADO AVENUE
 CORAL GABLES, FL 33146

4. FEI Number
 20-1471952

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Charles S. Sacher

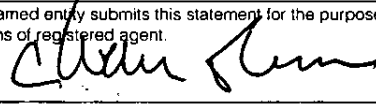
Street Address (P.O. Box Number is Not Acceptable)
 2655 Lejeune Road Suite 1101

City
 Coral Gables

State
 FL

Zip Code
 33134

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  Charles S. Sacher

(NOTE: Registered Agent signature required when reinstating)

DATE 4-8-08

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

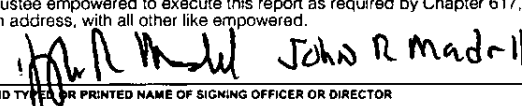
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, CARMELO	
STREET ADDRESS	1401 TANGIER STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAMULARI, DAVID	
STREET ADDRESS	1253 MARIANA AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADRIL, JOHN	
STREET ADDRESS	2421 SAN DOMINGO	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, CESAR	
STREET ADDRESS	1930 SW 33 CT	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWHORN, JESS S JR	
STREET ADDRESS	1432 MERCADO AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles S. Sacher	
STREET ADDRESS	2655 Lejeune Rd Ste 1101	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Milton	
STREET ADDRESS	3711 SW 27th Street	
CITY-ST-ZIP	MIAMI FL 33134	
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 617, 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 R Madril

DATE: 4/8/08

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #