

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000150410

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC6201122945**

**Entity Name:** DEPENDABLE PACKAGING AND SOLUTIONS, INC.

**Current Principal Place of Business:**

3505 NW 123RD STREET  
MIAMI, FL 33167

**Current Mailing Address:**

3505 NW 123RD STREET  
MIAMI, FL 33167 US

**FEI Number: 38-3747201**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANDRADE, MAXINE  
DEPENDABLE PACKAGING & SOLUTIONS, INC.  
1361 NW 155 DRIVE  
MIAMI GARDENS, FL 33169 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           BORER, GLENN  
Address        3925 NE 168TH STREET  
City-State-Zip: AVENTURA FL 33160

Title           VP  
Name           PETRUCCI, DANIEL  
Address        1425 BREAKWATER TERRACE  
City-State-Zip: HOLLYWOOD FL 33019

Title           VP  
Name           BORER, ROSS  
Address        2065 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title           DIR  
Name           SAVETT, SHERRIE RAIKEN  
Address        1622 LOCUST ST  
City-State-Zip: PHILADELPHIA PA 19103

Title           SEC  
Name           ANDRADE, MAXINE  
Address        21215 LAGO CIRCLE APT 9-B  
City-State-Zip: BOCA RATON FL 33433

Title           TREA  
Name           BORER, BARBARA  
Address        1000 ISLAND BLVD APT 1507  
City-State-Zip: AVENTURA FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAXINE ANDRADE**

**GENERAL MANAGER**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date