

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000150410

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

**Current Principal Place of Business:**

5255 NW 159 STREET  
MIAMI GARDENS, FL 33014

**Current Mailing Address:**

5255 NW 159 STREET  
MIAMI GARDENS, FL 33014 US

**FEI Number: 38-3747201**

**Certificate of Status Desired: Yes**

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

ATKINS, ANDREW S ESQ.  
1111 KANE CONCOURSE, SUITE 619  
BAY HARBOR ISLANDS, FL 33154 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 S  
Name BORER, GLENN  
Address 5255 NW 159 STREET  
City-State-Zip: MIAMI GARDENS FL 33014

Title P  
Name PETRUCCI, DANIEL  
Address 5255 NW 159 STREET  
City-State-Zip: MIAMI GARDENS FL 33014

Title CEO  
Name BORER, ROSS  
Address 5255 NW 159 STREET  
City-State-Zip: MIAMI GARDENS FL 33014

Title D  
Name PRITCHETT, WILLIAM  
Address 5255 NW 159 STREET  
City-State-Zip: MIAMI GARDENS FL 33014

Title V  
Name PRITCHETT, WILLIAM  
Address 5255 NW 159 STREET  
City-State-Zip: MIAMI GARDENS FL 33014

*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: DANIEL PETRUCCI**

**PRESIDENT**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date