

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000064907

**Entity Name:** ENDPACK CORP.

**Current Principal Place of Business:**

19370 COLLINS AVENUE  
SUITE #1609  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17501 BISCAYNE BLVD.  
SUITE #400  
AVENTURA, FL 33160

**FEI Number:** 99-0367732

**Certificate of Status Desired:** No

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

PACKER-ENDER, SYLVIA F  
17501 BISCAYNE BLVD.  
SUITE #400  
AVENTURA, FL 33181 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 PD  
Name PACKER-ENDER, SYLVIA F  
Address 17501 BISCAYNE BLVD. #400  
City-State-Zip: AVENTURA FL 33160

Title SECV  
Name ENDER, YAEL  
Address 19370 COLLINS AVENUE #1609  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name ENDER, JHONNY I  
Address 19370 COLLINS AVENUE #1609  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TD  
Name ENDER, SHARON  
Address 19370 COLLINS AVENUE #1609  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SD  
Name ENDER, SAMMY D  
Address 19370 COLLINS AVENUE #1609  
City-State-Zip: SUNNY ISLES BEACH 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:** SYLVIA F PACKER-ENDER

**PRESIDENT**

**03/22/2017**

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

\_\_\_\_\_  
Date