


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90163 025 \*\*\*150.00

<b>DOCUMENT # 178469</b> 1. Entity Name <b>DADE PAPER &amp; BAG CO.</b>					
Principal Place of Business <b>9601 NW 112TH AVENUE MIAMI, FL 33178</b>			Mailing Address <b>PO BOX 523666 MIAMI, FL 33152-3666</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03072006 Chg-P CR2E034 (11/05)			4. FEI Number <b>59-0784248</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>THOMPSON, WALTER B 9601 NW 112TH AVENUE MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GENET, LEONARD</b> <b>10000 SW 6TH COURT</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENET, SYLVIA</b> <b>10 EDGE WATER DR #12D</b> <b>CORAL GABLES, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>THOMPSON, WALTER</b> <b>18155 N.W. 21ST STREET</b> <b>PEMBROKE PINES, FL 33129</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>GENET, IRVING</b> <b>10 EDGER WATER DRIVE #12D</b> <b>CORAL GABLES, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>SANSONE, FRANC</b> <b>6420 NW 98TH LANE</b> <b>PARKLAND, FL 33076</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3811 BAYSIDE CT.</b> <b>MIAMI, FL 33133</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SANSONE, FRANK</b> <b>1600 S. OCEAN BLVD, # 1704</b> <b>LAUDERDALE BY THE SEA, FL 33062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Walter Thompson</u> <b>WALTER THOMPSON</b> <u>4/21/06</u> <u>305-805-2702</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					