


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 178469	
1. Entity Name DADE PAPER & BAG CO.	

Principal Place of Business 9601 NW 112TH AVENUE MIAMI, FL 33178	Mailing Address PO BOX 523666 MIAMI, FL 33152-3666
--	--

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0784248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, WALTER B 9601 NW 112TH AVENUE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000754000 05/22/07-80045-006 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENET, LEONARD 3811 BAYSIDE CT MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENET, SYLVIA 10 EDGE WATER DR #12D CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMPSON, WALTER 18155 N.W. 21ST STREET PEMBROKE PINES, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GENET, IRVING 10 EDGER WATER DRIVE #12D CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SANSONE, FRAN K 1600 S OCEAN BLVD., #1704 LAUDERDALE BY TH SEA, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **WALTER THOMPSON** **4/20/07** **305-805-2702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #