

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
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**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0784248** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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, FRANK 1600 S OCEAN BLVD., #1704 LAUDERDALE BY THE SEA, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/09/08-80072-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER THOMPSON

2/20/08

Date

305-805-2702

Daytime Phone #