2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 178469

Entity Name: DADE PAPER & BAG CO.

Current Principal Place of Business:

9601 NW 112TH AVENUE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

PO BOX 523666
MIAMI, FL 331523666

New Mailing Address:

9601 NW 112TH AVENUE
MIAMI, FL 33178

FEI Number: 59-0784248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, WALTER B
9601 NW 112TH AVENUE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GENET, LEONARD
Address: 3811 BAYSIDE CT
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: GENET, SYLVIA
Address: 10 EDGE WATER DR #12D
City-St-Zip: CORAL GABLES, FL 33133

Title: AS ( ) Delete
Name: THOMPSON, WALTER
Address: 18155 N.W. 21ST STREET
City-St-Zip: PEMBROKE PINES, FL 33129

Title: CEO (X) Delete
Name: GENET, IRVING
Address: 10 EDGER WATER DRIVE #12D
City-St-Zip: CORAL GABLES, FL 33133

Title: COO ( ) Delete
Name: SANSONE, FRAN K
Address: 1600 S OCEAN BLVD., #1704
City-St-Zip: LAUDERDALE BY TH SEA, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change ( ) Addition
Name: SANSONE, FRANK
Address: 1600 S OCEAN BLVD., #1704
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER THOMPSON AS 04/29/2009

Electronic Signature of Signing Officer or Director — Date