


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90019 028 \*\*\*158.75

<b>DOCUMENT # 197139</b>	
1. Entity Name <b>BROWARD PAPER AND PACKAGING, INC.</b>	

Principal Place of Business <b>1201 N.E. 45TH ST. PO BOX 5447 FT. LAUDERDALE, FL 33334 US</b>	Mailing Address <b>1201 N.E. 45TH STREET PO BOX 5447 FT LAUDERDALE FLA, 33310-2447 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>1201 NE 45 ST</b>	3. Mailing Address <b>PO BOX 5447</b>
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State <b>FT LAUDERDALE, FL</b>	City & State <b>FT LAUDERDALE, FL</b>
--	--

Zip <b>33334</b>	Country <b>US</b>	Zip <b>33310-5447</b>	Country <b>US</b>
---------------------	----------------------	--------------------------	----------------------

40027331



02222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-0789005</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>NOVICK, JOSEPH 1201 N.E. 45TH STREET FORT LAUDERDALE, FL 33334</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOVICK, JOSEPH 1201 NE 45TH ST FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NOVICK, TERRI 1201 NE 45TH ST FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLHAUSER, LISA NOVICK 1201 NE 45TH ST FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NOVICK, KAREN 1201 NE 45TH ST FT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD MILLHAUSER, HOWARD 1201 NE 45TH ST FORT LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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:** Lisa Novick **2/20/07** **954-776-6272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #