


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 197139</b> 1. Entity Name <b>BROWARD PAPER AND PACKAGING, INC.</b>	
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Principal Place of Business <b>1201 N.E. 45TH ST. FT. LAUDERDALE, FL 33334 US</b>	Mailing Address <b>PO BOX 5447 FORT LAUDERDALE, FL 33310-5447 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0789005</b>	Applied For 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

**NOVICK, JOSEPH  
1201 N.E. 45TH STREET  
FORT LAUDERDALE, FL 33334**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	05/01/08-80022-025 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVICK, JOSEPH 1201 NE 45TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOVICK, TERRI 1201 NE 45TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLHAUSER, LISA NOVICK 1201 NE 45TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOVICK, KAREN 1201 NE 45TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MILLHAUSER, HOWARD 1201 NE 45TH ST FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Howard Millhauser **HOWARD MILLHAUSER** **954-776-6272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #