

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 552674

Entity Name  
SOUTHERN FLEXIBLE PACKAGING, INC.



Principal Place of Business  
999 NE 125TH STREET  
NORTH MIAMI, FL 33161

Mailing Address  
999 NE 125TH STREET  
NORTH MIAMI, FL 33161

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1780780	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**

SHAPIRO, JOHN  
10010 W. BROADVIEW DR.  
BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$130.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

00180003986639  
01/30/06-80017-015 150.00

**OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SHAPIRO, JOHN
STREET ADDRESS	10010 W. BROADVIEW DR.
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	STD
NAME	SHAPIRO, HARRIET
STREET ADDRESS	10010 W. BROADVIEW DR.
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

SIGNATURE: *Harriet Shapiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 (305) 893-1943  
Date Daytime Phone #