

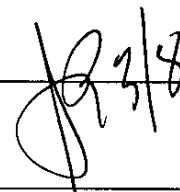


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 552674 1. 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	
2. Principal Place of Business 13899 Biscayne Blvd		3. Mailing Address 13899 Biscayne Blvd			
Suite, Apt. #, etc. 317		Suite, Apt. #, etc. 317			
City & State North Miami, FL		City & State North Miami, FL			
Zip 33181		Country Miami-Dade		4. FEI Number 59-1780780	
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				7. Name and Address of New Registered Agent Name Harriet Shapiro Street Address (P.O. Box Number is Not Acceptable) 10667 Quaybridge CT City, State, Zip Miami, FL 33138	
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, JOHN 10010 W. BROADVIEW DR. BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harriet Shapiro 10667 Quaybridge CT Miami, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAPIRO, HARRIET 10010 W. BROADVIEW DR. BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Judd L. Shapiro 3810 Justison Rd Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600067976606 03/16/06--01021--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: Harriet Shapiro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/27/06 305 940-6665 Daytime Phone #					

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TALLAHASSEE, FLORIDA