

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90004 007 \*\*\*158.75

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

40109707



06202008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F03000002262</b>			
1. Entity Name <b>GLOBAL PACKAGING USA CORPORATION</b>			
Principal Place of Business <b>1395 BRICKELL AVE, 14TH FLOOR MIAMI, FL 33131</b>		Mailing Address <b>1395 BRICKELL AVE, 14TH FLOOR MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>701 Brickell Ave</b> Suite, Apt. #, etc. <b>2010</b>		3. Mailing Address <b>701 Brickell Ave</b> Suite, Apt. #, etc. <b>2010</b>	
City & State <b>Miami, Florida</b> Zip <b>33131</b> Country <b>USA</b>		City & State <b>Miami, Florida</b> Zip <b>33131</b> Country <b>USA</b>	
4. FEI Number <b>22-3858625</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MARILI CANCIO 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP PACINI, GINO 701 BRICKELL AVENUE, SUITE 2010 MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T NOYOLA, SERGIO 701 BRICKELL AVENUE, SUITE 2010 MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD DAVIS, JAIME 701 BRICKELL AVENUE, SUITE 2010 MIAMI, FL 33131</b>		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"/> Delete		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"/> Delete		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"/> Delete		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, or other like empowered.			
SIGNATURE: 		7/1/2008 305-377-8181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	