

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # F07000003373

1. Entity Name
SAMBRAILO PACKAGING, INC.



Principal Place of Business
**800 WALKER ST
WATSONVILLE, CA 95076**

Mailing Address
**P.O. BOX 50090
WATSONVILLE, CA 95077**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-1341640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PACIFIC REGISTERED AGENTS, INC
92 SADBERRY ROAD
QUINCY, FL 32351**

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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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SAMBRAILO, MARK
STREET ADDRESS	800 WALKER ST
CITY-STATE-ZIP	WATSONVILLE, CA 95076
TITLE	VCVP
NAME	SAMBRAILO, MICHAEL
STREET ADDRESS	800 WALKER ST
CITY-STATE-ZIP	WATSONVILLE, CA 95076
TITLE	S
NAME	KIRBY, MARC
STREET ADDRESS	800 WALKER ST
CITY-STATE-ZIP	WATSONVILLE, CA 95076
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/16/08-80068-012 150.00

**DO NOT WRITE
IN THIS SPACE**

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #