


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F17577</b> 1. Entity Name TNT PACKAGING, INC.	
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Principal Place of Business 2390 NW 149 STREET MIAMI, FL 33054 US	Mailing Address PO BOX 402883 MIAMI BCH, FL 33140 US
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**DO NOT WRITE IN THIS SPACE**

01272005 No Chg-P CR2E034 (10/03)  
4. FEI Number 59-2056222 ☐ Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TOKAYER, BARRY 17130 NE 12 AVE N MIAMI BCH, FL 33162
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOKAYER, BARRY 17130 NE 12 AVE MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOKAYER, JEFFREY 921 NE 176 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOKAYER, MARILYN 425 W 44TH ST MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80036-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marilyn Tokayer* *4/18/05* *305-769-0616*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #