

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90154 041 ***150.00

DOCUMENT # F53048

1. Entity Name

PARA-PACKAGING CORP.



Principal Place of Business

10265 NW 53 ST
SUNRISE FL 33351
US

Mailing Address

10265 NW 53 ST
SUNRISE FL 33351
US

2. Principal Place of Business - No P.O. Box #

545 Mercantile Pl. #114

3. Mailing Address

← Same

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

City & State
Port St. Lucie, Fla.

City & State

FL

Zip

34986

Country

USA

Zip

Country

4. FEI Number

59-2162916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOTT, GEORGE J
9130 S DADELAND BLVD
STE 1701 DATRON CENTER
MIAMI FL 33516

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and state, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME RUFFO, GERALD J
STREET ADDRESS 14229 FLORA LANE
CITY-ST-ZIP W. PALM BEACH FL

Deceased

TITLE ☐ Delete
NAME Ruffo Gerald S. Ruffo
STREET ADDRESS 2785 Sw Hamilton St.
CITY-ST-ZIP Port St. Lucie, FL 34987

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gerald S. Ruffo GERALD S. RUFFO

4-15-08

934-649-2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #