2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # J46517 1. Entity Name 04-19-2004 90303 035 ***150.00 A-1 ADVANCED PACKAGING, INC. Principal Place of Business Mailing Address 3361 N. W. 154TH TERRACE 3361 N. W. 154TH TERRACE 011001199 MIAMI, FL 33054 MIAMI, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2748170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name MARTINEZ, ALFREDO N Street Address (P.O. Box Number is Not Acceptable 20220 SW 50 PL FT. LAUDERDALE, FL 33332 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MARTINEZ, ALFREDO N. NAME 2030 S ÓCEAN DR #924 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, ZUNILDA NAME STREET ADDRESS 2030 S OCEAN DR #924 STREET ADDRESS CITY-ST-7IP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 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 truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with - ZUNI IDA MARTINEZ

FILED