


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M55940 1. Entity Name ECONOMIC PACKAGING, INC.	
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Principal Place of Business 5304 N.W. 35TH AVE MIAMI, FL 33142	Mailing Address P.O. BOX 2130 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2825269	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAYON, REBECA 5600 SAN VICENTE ST. CORAL GABLES, FL 33146

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000741008
05/15/07-80013-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBERT, FERNANDO J 522 MILLER RD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUBERT, ROSA M. 522 MILLER RD CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: *Rosa M. Hubert* **4/26/07** **305 635-7669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #