2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000020711

1. Entity Name
BROWARD PACK & CRATING IMPORT AND EXPORT, INC.

Principal Place of Business	Mailing Address
8588 NW 70 STREET MIAMI, FL 33166-2641	8588 NW 70 STREET MIAMI, FL 33166-2641

40040204

2. Principal Place of Business - No P.O. Box # 8616 N.W. 70TH STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012008   Chg-P   CR2E034 (12/06)

City & State MIAMI, FLORIDA	City & State

Zip 33166-2641	Country DADE	Zip	Country

4. FEI Number
65-1000507 | Applied For | Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOTO, LUIS GUILLERMO 635 N.W. 130TH AVENUE PEMBOKE PINES, FL 33028	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 title 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		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SANTOS, GLORIDA C DOS		NAME				
STREET ADDRESS	2041 47 ST		STREET ADDRESS				
CITY-ST-ZIP	ASTORIA, NY 11105		CITY-ST-ZIP				
TITLE	VPD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LIGIA, LEMA		NAME				
STREET ADDRESS	635 NW 130 AVE		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP				
TITLE		☐ Delete	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	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				

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: _____ LIGIA LEMA 3/03/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #