## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000047187

Entity Name: L & S SHRINK SYSTEMS, INC.

FILED Feb 24, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5555 WEST GRANADA BLVD
SUITE A-3
SUITE A-3

ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

Current Mailing Address:

14820 WHITE MAGNOLIA CT ORLANDO, FL 32824

FEI Number: 59-3659227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, GRACE J 14820 WHITE MAGNOLIA COURT ORLANDO, FL 32824 US

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.

in the State of Florida

SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: BARRETO, LUIS F Address: 1404 N BEACH ST

City-St-Zip: ORMOND BEACH, FL 32174

Title: [

Name: SUPRAPAK

Address: CARRERA 34 #13A171 ACOPI-YUMBO CALI, COLOM

City-St-Zip: CALI, COLOMBIA, FL 32174

Title: F

Name: HARF, SAMUEL

Address: CARRERA 34 #13A171 ACOPI-YUMBO CALI, COLOM

City-St-Zip: CALI, COLOMBIA, CO 1940

Title: VP

Name: ALVARADO, MARIA I

Address: CARRERA 34 #13A171 ACOPI-YUMBO CALI, COLOM

City-St-Zip: CALI, COLOMBIA, CO 1940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL HARF D 02/24/2011