

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000053519 1. Entity Name CAM PACKAGING, INC.	
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Principal Place of Business 801 BRICKELL AVE ONE BRICKELL SQUARE #2280 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE ONE BRICKELL SQUARE #2280 MIAMI, FL 33131
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043698	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANCO, MARIANA C 100 S.E. 2ND STREET, 18TH FLOOR MIAMI, FL 33131

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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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACINI, PIERANGELO 801 BRICKELL AVE, STE 2280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONO, HENRIQUE 801 BRICKELL AVE, STE 2280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABORI, JUAN ANDUJAR 801 BRICKELL AVE, STE 2280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, ALEXANDRA 801 BRICKELL AVE, STE 2280 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
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: Alexandra de Pami
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30/2006
Date Daytime Phone #