04/30/2004 10:57 3055591090 DEVALDES & ASSOC. 5

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Jun 15, 2004 8:00 am
Secretary of State
05-03-2004 91058 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66428128

DOCUMENT # P02000101924

1. Entity Name
ALLANS' REPACKING, CORP.

Principal Place of Business
4900 SW 154 PLACE
MIAMI, FL 33185

Mailing Address
4900 SW 154 PLACE
MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2076836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PUENTE, GUMARO
4900 SW 154 PLACE
MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

7. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

10.

TITLE	DPST
NAME	PUENTE, GUMARO
STREET ADDRESS	4900 SW 154 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: GUMARO PUENTE 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date