

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90559 003 ***150.00

40036048



04012005 Chg-P CR2E034 (10/03)

4. FEI Number
14-1883684
Applied For
Not Applicable

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

DOCUMENT # P02000114163
1. Entity Name
PACKMAN DISTRIBUTION, INC.



Principal Place of Business
12399 S.W. 53RD STREET
SUITE 104
COOPER CITY, FL 33330

Mailing Address
12399 S.W. 53RD STREET
SUITE 104
COOPER CITY, FL 33330

2. Principal Place of Business
1721 Blount Rd.

3. Mailing Address
1721 Blount Rd.

Suite, Apt. #, etc.
Suite #2

Suite, Apt. #, etc.
Suite #2

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33069

Country
U.S.

Zip
33069

Country
U.S.

6. Name and Address of Current Registered Agent
GABLE, MICHAEL P
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 33021-6755

7. Name and Address of New Registered Agent
Name
CHIODO, DANIEL J.
Street Address (P.O. Box Number is Not Acceptable)
1721 Blount Road Suite #2
Pompano Beach,
City
FL Zip Code
33069

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 *Daniel Chiodo* DATE *4/8/05*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHIODO, DANIEL J 12399 S.W. 53RD STREET SUITE 104 COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1721 Blount Rd. Suite #2 Pompano Beach FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel Chiodo* DATE *4/8/05* 954 471 6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR