

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033155

1. Entity Name
NVS PKG. CORP.



Principal Place of Business
1440 CORAL RIDGE DR
POMPANO BEACH, FL 33071

Mailing Address
1440 CORAL RIDGE DR
POMPANO BEACH, FL 33071



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1671219
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUDANDO, JOSEPH
10983 NW 70TH CT.
PARKLAND, FL 33076

**DO NOT WRITE
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 reappointing)

DATE _____

**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

TITLE	P
NAME	LAUDANDO, LISA A
STREET ADDRESS	10983 NW 70TH CT.
CITY - ST - ZIP	PARKLAND, FL 33076
TITLE	VP
NAME	LAUDANDO, JOESPH
STREET ADDRESS	10983 NW 70TH CT.
CITY - ST - ZIP	PARKLAND, FL 33076
TITLE	S
NAME	CANTELLA, JOHN E
STREET ADDRESS	10873 NW 70TH CT.
CITY - ST - ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD00000286367
04/04/05-80025-022 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CANTELLA 4/01/05

Date

Daytime Phone #