

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000004051

1. Entity Name
THE PACK AND SHIP STORE, INC.



Principal Place of Business
2423 SW 147 AVE
MIAMI, FL 33185

Mailing Address
2423 SW 147 AVE
MIAMI, FL 33185

FILED
Apr 17, 2007 08:00 AM
Secretary of State



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2154532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOS, ANA
15231 SW 55 TER.
MIAMI, FL, FL 33185

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	BOOS, ANA
STREET ADDRESS	15231 SW 55 TER.
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	VP
NAME	BOOS, DEREK
STREET ADDRESS	15231 SW 55 TER
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000712969
04/26/07-80069-011 150.00

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:

ANA BOOS DEREK BOOS 04/16/07 305-553-6401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #