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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P05000078947			
1. Entity Name CORRUGATOR PROCESS SERVICES, INC.			
Principal Place of Business 1833 NW 85TH DR CORAL SPRINGS, FL 33071		Mailing Address 1833 NW 85TH DR CORAL SPRINGS, FL 33071	
2. Principal Place of Business		2. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent MAFFEI & MAFFEI, P.A. 633 SE 3RD AVE SUITE 4-R FT LAUDERDALE, FL 33301		4. FIC Number 203071943	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and not a director.</small> <small>NOTE: Registered Agent signature not required when re-registering.</small>			
FILE NOW! FEE IS \$550.00 Due by September 8, 2006		Election Campaign Financing Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D. MASTANDREA, MICHAEL P.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1833 NW 85TH DR	NAME	
STREET ADDRESS	CORAL SPRINGS, FL 33071	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this report is true and correct, 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 file 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 information.			
SIGNATURE: <u>Michael P. Masta</u>		Date: <u>7/10/06</u> 954 341 7916	
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR		Date	

Corrugator Process Services, Inc.
(954) 746-4846

October 11, 2006

To Whom it May Concern,

Fax# 850-245-6017

It has been brought to our attention that several attempts have been made to file the Annual Report. We have not received any correspondence with regards to these attempts.

I have been communicating via email in order to rectify these filings. Every attempt is being made to finalize the process.

I records indicate that our check was cashed in the amount of \$550.00 back in July of 2006 and at that time we understood that our Reports were complete.

Please wave any additional fees for the Annual filing of Corrugator Process Services, Inc. FEI# 203071943.

Regards,


Lisa Milam
Office Manager

