

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90190 039 ***150.00

DOCUMENT # P06000003073 1. Entity Name FLORIDA FUNERAL SHIPPING CONTAINERS, INC					
Principal Place of Business 1321C NW 65TH PLACE FORT LAUDERDALE, FL 33309			Mailing Address 1321C NW 65TH PLACE FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GURIN, IRENE 2840 NE 25TH STREET FT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE MONTH FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust 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 NAME STREET ADDRESS CITY - ST - ZIP	P GURIN, IRA 2840 NE 25TH STREET FT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>IRA GURIN</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <i>1/9/07</i> <i>954-957-9259</i> </div> <small>Date Daytime Phone #</small>		