2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P0600003073



01-11-2008 90058 020 ***150 00 FLORIDA FUNERAL SHIPPING CONTAINERS, INC. Principal Place of Business Mailing Address 4000447 1321C NW 65TH PLACE 1321C NW 65TH PLACE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number 74-3156482 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GURIN, IRENE** Street Address (P.O. Box Number is Not Acceptable) 2840 NE 25TH STREET FT LAUDERDALE, FL 33305 City 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, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Р TITLE ☐ Delete TITLE ☐ Change ■ Addition **GURIN, IRA** NAME STREET ADDRESS 2840 NE 25TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33305 ST TITLE ☐ Change ☐ Addition TITLE ☐ Delete **GURIN. IRENE** NAME NAME STREET ADDRESS STREET ADDRESS 2840 NE 25TH STREET CITY-ST-ZIP FT LAUDERDALE, FL 33305 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOLE ☐ Change ■ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 of 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.

FILED

Jan 11, 2008 8:00 am Secretary of State