


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90093 031 \*\*\*150.00

**DOCUMENT # P06000067841**

1. Entity Name  
 NOVA CAIN PACKAGING, INC.




Principal Place of Business Mailing Address  
 767 HARBOUR DRIVE 767 HARBOUR DRIVE  
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

2. Principal Place of Business - Ho P.O. Box # 3. Mailing Address  
 Suite Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



03082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**204908949**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAIN, SELWYN  
 767 HARBOUR DRIVE  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**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	<input type="checkbox"/> Delete
NAME	CAIN, SELWYN	
STREET ADDRESS	767 HARBOUR DRIVE	
	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II: 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. If I am an officer or director, I am not aware of any facts or circumstances which would cause a reasonable person to believe that the information furnished is untrue or misleading. If I am an agent, I am not aware of any facts or circumstances which would cause a reasonable person to believe that the information furnished is untrue or misleading. If I am a registered agent, I am not aware of any facts or circumstances which would cause a reasonable person to believe that the information furnished is untrue or misleading. If I am a registered agent, I am not aware of any facts or circumstances which would cause a reasonable person to believe that the information furnished is untrue or misleading.

SIGNATURE: SELWYN CAIN PRESIDENT *President* (954) 788-8766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR