

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90252 023 \*\*\*150.00

**DOCUMENT # P06000115326**

1. Entity Name  
**PACKING, CRATING & SUPPLIES UNLIMITED, INC**



Principal Place of Business  
**6911 NW 87TH AVENUE  
MIAMI, FL 33178**

Mailing Address  
**6911 NW 87TH AVENUE  
MIAMI, FL 33178**

**40097154**



2. Principal Place of Business - No P.O. Box #

**8526 NW 70 St**

Suite, Apt. #, etc.

3. Mailing Address

**8526 NW 70 St**

Suite, Apt. #, etc.

05012008

Chg-P

CR2E034 (12/06)

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**20-5498407**

Applied For

Not Applicable

Zip

Country

**33166**

Zip

Country

**33166**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLADARES, MICHELE  
11288 SW 161 PLACE  
MIAMI, FL 33196**

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

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, 2008 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** ☐ Delete  
NAME: **VALLADARES, KEINY J**  
STREET ADDRESS: **11288 SW 161 PLACE**  
CITY-ST-ZIP: **MIAMI, FL 33196**

TITLE: **VP** ☒ Delete  
NAME: **TORRES, ERIC**  
STREET ADDRESS: **11288 SW 161 PLACE**  
CITY-ST-ZIP: **MIAMI, FL 33196**

TITLE: **VP** ☒ Delete  
NAME: **TORRES, LUIS F**  
STREET ADDRESS: **11288 SW 161 PLACE**  
CITY-ST-ZIP: **MIAMI, FL 33196**

TITLE: **S** ☐ Delete  
NAME: **PEREZ, EVELYN**  
STREET ADDRESS: **11288 SW 161 PLACE**  
CITY-ST-ZIP: **MIAMI, FL 33196**

TITLE: **TD** ☐ Delete  
NAME: **VALLADARES, MICHELE**  
STREET ADDRESS: **11288 SW 161 PLACE**  
CITY-ST-ZIP: **MIAMI, FL 33196**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **Vice President** ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: **Vice - President** ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: **President** ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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; 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: *Michele Valladares***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/2008**

Date

Daytime Phone #