

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150410

FILED
Apr 02, 2009
Secretary of State

Entity Name: DEPENDABLE PACKAGING AND SOLUTIONS, INC.

Current Principal Place of Business:

1361 NW 155TH DRIVE
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1361 NW 155TH DRIVE
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 38-3747201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEIL, JR., MURRAY B
8925 COLLINS AVENUE UNIT 7-H
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

ANDRADE, MAXINE
DEPENDABLE PACKAGING & SOLUTIONS, INC.
1361 NW 155 DRIVE
MIAMI GARDENS, FL 33169 US

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.

SIGNATURE: MAXINE ANDRADE

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BORER, GLENN
Address: 1000 ISLAND BLVD, APT 1507
City-St-Zip: AVENTURA, FL 33160 US

Title: VP () Delete
Name: PETRUCCI, DANIEL
Address: 3215 NE 184TH ST APT 4103
City-St-Zip: MIAMI, FL 33160 US

Title: VP () Delete
Name: BORER, ROSS
Address: 400 ALTON ROAD, APT 609
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DIR () Delete
Name: SAVETT, SHERRIE RAIKEN
Address: 1622 LOCUST ST
City-St-Zip: PHILADELPHIA, PA 19103 US

Title: SEC () Delete
Name: ANDRADE, MAXINE
Address: 21215 LAGO CIRCLE APT 9-B
City-St-Zip: BOCA RATON, FL 33433 US

Title: TREA () Delete
Name: BORER, BARBARA
Address: 1000 ISLAND BLVD APT 1507
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BORER, ROSS
Address: 2065 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE ANDRADE

SEC

04/02/2009

Electronic Signature of Signing Officer or Director

Date