


2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 04, 2008 8:00 am
Secretary of State
 08-12-2008 90025 050 ***150.00

DOCUMENT # P07000070200
 1. Entity Name
PALLETS & CRATES SERVICES, CORP



Principal Place of Business Mailing Address
1050 SW 154 AVENUE **1050 SW 154 AVENUE**
MIAMI, FL 33194 **MIAMI, FL 33194**

66016307



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08042008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
14-2002612 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SERRANO, MICHAEL
1050 SW 154 AVENUE
MIAMI, FL 33194

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SERRANO, MICHAEL	
STREET ADDRESS	1050 SW 154 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33194	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIERRA, MARIA	
STREET ADDRESS	1050 SW 154 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33194	
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
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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; 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: *Michael Serrano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #