

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032066

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: NOVA PACKAGING SOLUTIONS INC

## Current Principal Place of Business:

15235 MONTESINO DR.  
ORLANDO, FL 32828 US

## New Principal Place of Business:

15235 MONTESINO DR  
ORLANDO, FL 32828 US

## Current Mailing Address:

15235 MONTESINO DR.  
ORLANDO, FL 32828 US

## New Mailing Address:

FEI Number: 26-2403592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ACCOUNTING ALLIANCE FOR SMALL BUSINESS PA  
6453 S. ORANGE AVE.  
STE 3  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AVILES, RAYMOND  
Address: 40 ZORZAL STREET  
City-St-Zip: CAGUAS, PR 00727

Title: VP ( ) Delete  
Name: AVILES, JAIME  
Address: 61 MALAGA STREET  
City-St-Zip: CAGUAS, PR 00727

Title: VP ( ) Delete  
Name: AVILES, JASON  
Address: 15235 MONTESINO DR.  
City-St-Zip: ORLANDO, FL 32828 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAYSON AVILES

VP

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date