

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 022 ***150.00

DOCUMENT # P15426

1. Entity Name
CUSTOM PACKAGING SERVICES, INC.



Principal Place of Business
427 EVERNIA STREET
WEST PALM BEACH, FL 33401

Mailing Address
427 EVERNIA STREET
WEST PALM BEACH, FL 33401

4004100



2. Principal Place of Business
1006 WEST 15TH ST.

3. Mailing Address
1006 WEST 15TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAR 4

BAR 4

City & State

City & State

RIVIERA BEACH, FL.

RIVIERA BEACH, FL.

Zip

Country

Zip

Country

33404

33404

02072006 Chg-P CR2E034 (11/05)

4. FEI Number

59-2803895

Applied For

Not Applicable

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

BRECHER, NICHOLAS M
219 S DIXIE HWY
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

1006 WEST 15TH ST.

BAR 4

City

RIVIERA BEACH

FL

Zip Code

33404

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GRAND, PAUL
108 FOREST GLEN
HIGHLAND PARK, NJ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRECHER, NICHOLAS M.
219 S. DIXIE HIGHWAY
WEST PALM BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1006 WEST 15TH ST, BAR 4
RIVIERA BEACH, FL. 33404 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, GERALD
950 THIRD AVENUE
NEW YORK, NY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-607

Date

1.561-881-7551

Daytime Phone #