

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000066801

1. Entity Name

STATE PACKAGING CORPORATION



Principal Place of Business

Mailing Address

**8601 NW 61ST STREET
MIAMI FL 33166
US**

**PO BOX 170457
HIALEAH FL 33017
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0441897

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

**PADRON, RAFAEL L.
7180 N. AUGUSTA DRIVE
MIAMI FL 33015**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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: **DP** ☐ Delete
NAME: **FIGURJAS, LOUIS**
STREET ADDRESS: **4011 WEST FLAGLER ST SUITE 204**
CITY-STATE-ZIP: **MIAMI FL 33140**

TITLE: **01/31/05-80068-005** ☐ Change ☐ Addition
NAME: **000000200002**
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: **VTS** ☐ Delete
NAME: **PADRON, RAFAEL L.**
STREET ADDRESS: **7180 N. AUGUSTA DRIVE**
CITY-STATE-ZIP: **MIAMI FL**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Rafael L. Padron 1-18-05 305 592 0430