

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000073643

1. Entity Name  
INTERSTATE PACKAGING CORPORATION



Principal Place of Business  
3785 NW 78 ST  
MIAMI, FL 33147 US

Mailing Address  
3785 NW 78 ST  
MIAMI, FL 33147 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 25, 2007 8:00 am  
Secretary of State**

01-25-2007 90046 012 \*\*\*150.00

4000000000



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0461652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VASALLO, ARMANDO G 14420 SABAL DR MIAMI LAKES, FL 33014-2543
---

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VASALLO, ARMANDO G 14420 SABAL DR MIAMI LAKES, FL 330142543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VASALLO, REYNA M 14420 SABAL DR MIAMI LAKES, FL 330142543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Armando M. Vasallo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #