2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040633

FILED Jan 16, 2009 Secretary of State

Entity Nam	ne: A-1 PACK	AGING SUPPLIES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9210 NW 1: MIAMI, FL :					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
9210 NW 1: MIAMI, FL :					
FEI Number:	65-0655821	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BARRENECHE, MICHAEL J 11410 N KENDALL DR STE 312 MIAMI, FL 33176 US			BARRENECHE, MICHA 1200 BRICKELL AVE SUITE 500 MIAMI, FL 33131 US	SUITE 500	
The above in the State		ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/16/2009	
	Electroni	Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MD () I TORRES, RUBY 9210 NW 12 ST MIAMI, FL 3317	Delete 2	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () I TORRES, HUGO 9210 NW 12 ST MIAML FL 3317	Delete	Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: HUGO TORRES P 01/16/2009