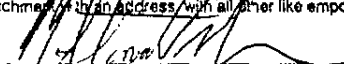


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000032979			
1. Entity Name ULTIMATE PACKING & SHIPPING, INC.			
Principal Place of Business 5722 S FLAMINGO ROAD STE #165 FT LAUDERDALE, FL 33330 US		Mailing Address 5722 S FLAMINGO ROAD STE #165 FT LAUDERDALE, FL 33330 US	
DO NOT WRITE IN THIS SPACE		04252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0575396	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, MILTON 4700 N STATE RD 7 STE 203 FT LAUDERDALE, FL 33309		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 registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000350363 05/02/05-60102-013 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PTD		
NAME	FRIEDMAN, STEVEN M		
STREET ADDRESS	5722 S FLAMINGO RD STE 165		
CITY, ST, ZIP	FORT LAUDERDALE, FL 33330		
TITLE	VPSD		
NAME	FRIEDMAN, T M		
STREET ADDRESS	5722 S FLAMINGO RD STE 165		
CITY, ST, ZIP	FORT LAUDERDALE, FL 33330		
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
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TITLE			
NAME			
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CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  M. G. Friedman		Date: 4/20/5 (800) 494 2796	
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			