2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Name	MENT # P9500 K SYSTEMS, INC.	ູ <u>ງດຸ່ງ</u> 59915	5			2006	FILED SEP 19 PM	8: 47	
Principal Place 7077 BONN 150 JACKSONV US			Moiling Address 7077 BONNEVAL RD 150 JACKSONVILLE FL 3 US	<u> </u>	<u>- </u>	7	RETART OF S		
2. Principal Place of Business 1011 Borneval Rd Suite, Apt. #, etc. 320			3. Mailing Address 1011 Convaual Rol Suite Apt. #, etc.			2n	d MOORE	CR2E034 (4/0	06)
City & State			City & State IQV FI			4. FEI Numbe	^{er} 59-322520	3	Applied For Not Applicable
32Z	Country 6. Name and Address	of Current Regi	32214	Countr	S	_L	of Status Desired	Fee Re	5 Additional equired
VIGNOT, ERIC 7077 BONNEVAL RD STE 150 JACKSONVILLE FL 32216 Name V.Gnot, Eric Street Address (P.O. Box Number is Not Acceptable)								- Degle	
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 nome of registered agent and title in physicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
FILE NOW.!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00.									
10.	0FF	ICERS AND DIRE	98.	11.			/CHANGES TO OFF	CERS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIGNOT, ERIC 2, RUE DENIS PAPIN Z F-77290 MITRY-MORY		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	90 09/26/	00801 9 0601075	34 구4년 020 **150	ange Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	39/2	1/06	☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS			□ Ch	ange 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 employment 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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Dayling Phone 6									



page 20th

September 14, 2006

Department Of Revenue Division of Corporations P.O. Box 6327 Tallahassee Fl, 32314

_Subject: Ref #P95000059915 -

My name is Felicia Day I am the Executive Administrator for Interpak Systems, Inc. On several occasions I attempted to pay for the 2006 For Profit Corporation Annual Report fees prior to May 1st 2006.

I was sent notices indicating that the fee was not paid and late fee would be assessed. I called and spoke with various agents and they informed me that the payment had not been posted. Since then I have sent two more checks that were returned. The letter attached with the checks that were returned indicated that because they form was not received by the deadline a payment of \$500.00 is now due.

This is request to have the late fees waived due to the numerous attempt made to pay the fees. I have enclosed check number 6443 in the amount of \$150.00.

Thank you,

Executive Administrator

Interpak Systems, Inc.



