2004 FOR PROFIT CORPORATION

of the corporation or the recei

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SIGNATURE:

Jul 19, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P95000071520** 07-19-2004 90001 001 ***158.75 1. Entity Name CARIBBEAN PACK SERVICE, CORP. Principal Place of Business Mailing Address 54063000 8438 NW 70TH STREFT 8438 NW 70TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 8401 NW 3. Mailing Address 8401 NW Suite, Apt. #, etc. 07142004 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For WIAM 65-0609394 Not Applicable **\$8.75**`Additional 5. Certificate of Status Desired USB Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTERO, JULIO R 8438 NW 70TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33166 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete 🎾 TITLE Change Addition NAME MONTERO, IVONNE NAME STREET ADDRESS 8438 NW 70TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ĎΥ Defete TITLE Change Addition NAME MONTERO, GEORGE R NAME STREET ADDRESS 8438 NW 70TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE Delete TITLE , 🔲 Change __ 🔼 Addition MONTERO, JULIO NAME NAME STREET ADDRESS 8438 NW 70TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🕟 Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP led with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the same which all other like empowered. I hereby certify that the informatic indicated on this report or supple

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