

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017358

FILED
Apr 25, 2005
Secretary of State

Entity Name: INTERNATIONAL PACKING SYSTEM, INC.

Current Principal Place of Business:

777 N.W. 72 AVE.
SUITE 2-A-20
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

777 N.W. 72 AVE.
SUITE 2-A-20
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0643876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYLIKHES, ALEKSANDER
4775 SW 87TH PL
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KEYLIKHES, ALEKSANDER
Address: 4775 SW 87TH PL
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: KEYLIKHES, LIDIA
Address: 4775 SW 87TH PL
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KEYLIKHES, ALEKSANDER
Address: 4775 SW 87TH PL
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: A. KEYLIKHES

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date