




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000028959		
1. Entity Name PACKAGING & SPECIALTY EQUIPMENT INTERNATIONAL, INC.		
Principal Place of Business 1335 BENNETT DRIVE SUITE 155 LONGWOOD, FL 32750 US	Mailing Address 1335 BENNETT DRIVE SUITE 155 LONGWOOD, FL 32750 US	
DO NOT WRITE IN THIS SPACE		
		 04132006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3371755 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERSON, DOUGLASS A CPA,PA 1413 S PATRICK DRIVE SUITE 7 INDIAN HARBOUR BEACH, FL 32937		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RONDON-MOLINA, GUSTAVO 1335 BENNETT DRIVE, SUITE 155 LONGWOOD, FL 32750	
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DO NOT WRITE IN THIS SPACE U000000556416 05/17/06-80007-025 150.00		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/13/06 <small>Date Daytime Phone #</small>