2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075919

Entity Name: CFR PACKAGING, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. FIRST PLACE ILLE, FL 32607				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	. FIRST PLACE ILLE, FL 32607				
FEI Number	: 59-3497894	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	ALEX . FIRST PLACE ILLE, FL 32607				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
		ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CALAIS, JIM 6010 N.W. FIRS GAINESVILLE, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () MCCOWN, BRIA 6010 N.W. FIRS GAINESVILLE, I	ST PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS () OLCESE, ALEX 6010 N.W. FIRS GAINESVILLE. I	ST PLACE	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEX OLCESE VS 01/07/2008