

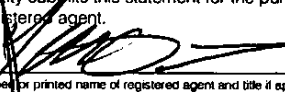
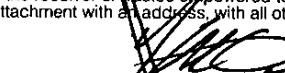


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90212.001 \*\*\*150.00

<b>DOCUMENT # P98000005315</b>				<b>Secretary of State</b>	
1. Entity Name <b>INTERNATIONAL CARTON SUPPLIERS CO.</b>		04-29-2005 90212 001 ***150.00			
Principal Place of Business <b>8450 NW 68 STREET STORE #1 MIAMI, FL 33166 US</b>		Mailing Address <b>8450 NW 68 STREET STORE #1 MIAMI, FL 33166 US</b>			
2. Principal Place of Business <b>3671 NW 81 Street</b>		3. Mailing Address <b>3671 NW 81 Street</b>		03282005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>52-2078724</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		Applied For Not Applicable	
Zip <b>33147</b>	Country <b>USA</b>	Zip <b>33147</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FRANCO, ANDRES 8450 NW 68 STREET STORE #1 MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>FRANCO, ANDRES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3671 NW 81 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33147</b>	
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  <b>ANDRES FRANCO</b> President 4-22-05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, ANDRES 8450 NW 68 STREET STORE #1 MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Franco, Andres 3671 NW 81 Street Miami, FL 33147
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>ANDRES FRANCO</b> President		4-22-05 (305)6932910			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			