
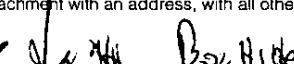


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90051 044 ***150.00

DOCUMENT # P98000034866 1. Entity Name JOHN BOCHINO PACKAGING, INC.																																																																													
Principal Place of Business 1800 S OCEAN DR 404 FORT LAUDERDALE, FL 33316			Mailing Address 1800 S OCEAN DR 404 FORT LAUDERDALE, FL 33316																																																																										
2. Principal Place of Business - No P.O. Box # 600 WEST LAS OLAS BLVD.,		3. Mailing Address 600 WEST LAS OLAS BLVD.,																																																																											
Suite, Apt. #, etc. 1405		Suite, Apt. #, etc. 1405																																																																											
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Zip 33312		Country USA		Zip 33312																																																																									
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6. Name and Address of Current Registered Agent BOCHINO, JOHN 1800 S OCEAN DR #404 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 WEST LAS OLAS BLVD., #1405 City FT LAUDERDALE FL Zip Code 33312																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D BOCHINO, JOHN</td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">600 LAS OLAS BLVD., #1405</td> <td style="width: 10%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1800 S OCEAN DR #404</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FT LAUDERDALE, FL 33312</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">FORT LAUDERDALE, FL 33316</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D BOCHINO, JOHN	<input type="checkbox"/> Delete	TITLE	600 LAS OLAS BLVD., #1405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1800 S OCEAN DR #404		NAME	FT LAUDERDALE, FL 33312		STREET ADDRESS	FORT LAUDERDALE, FL 33316		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  Box Hide ✓ 1/30/07 ✓ 954-463-2711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																													