


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 001 ***150.00

DOCUMENT # P99000065304 1. Entity Name PUERTO RICO PACKERS, N.A; INC.					
Principal Place of Business 524 MID. FLORIDA DR. ORLANDO, FL 32824			Mailing Address P.O. BOX 770758 ORLANDO, FL 32877		
2. Principal Place of Business - No P.O. Box # 2603 Judge Loop		3. Mailing Address 2603 Judge Loop			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee FL		City & State Kissimmee, FL		4. FEI Number 59-3589851	
Zip 34743		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALGARIN, ALCIDES 524 MID. FLORIDA DR. ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Algarin, Alcides Street Address (P.O. Box Number is Not Acceptable) 2603 Judge Loop City Kissimmee FL 34743			
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALGARIN, ALCIDES 2611 BORINQUEN DR. KISSIMMEE, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2603 Judge Loop Kissimmee, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUINONES, MILAGROS M 2611 BORINQUEN DR. KISSIMMEE, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2603 Judge Loop Kissimmee, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: _____			Date 4/21/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					