

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000065304

**FILED**  
**Aug 07, 2012**  
**Secretary of State**

**Entity Name:** PUERTO RICO PACKERS, N.A; INC.

**Current Principal Place of Business:**

524 MID. FLORIDA DR.  
UNIT 201  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770758  
ORLANDO, FL 32877

**New Mailing Address:**

**FEI Number:** 59-3589851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALCIDES, ALGARIN  
524 MID. FLORIDA DR.  
UNIT 201  
ORLANDO, FL 32824 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ALGARIN, ALCIDES  
Address: 524 MID. FLORIDA DR.  
City-St-Zip: ORLANDO, FL 32824

Title: STD  
Name: ALGARIN ALICEA, BARBARA  
Address: 524 MID. FLORIDA DR.  
City-St-Zip: ORLANDO, FL 32824

I hereby 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 all other like empowered.

SIGNATURE: ALCIDES ALGARIN

P/D

08/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date