

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V40606

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CONTAINER REPAIRS, INC.

**Current Principal Place of Business:**

3645 NW NORTH RIVER DRIVE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3038 NW NORTH RIVER DRIVE  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 65-0345506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATRICK E. NOVAK ESQ.  
9100 S DADELAND BOULEVARD  
ONE DATRAN CENTER, SUITE 1104  
MIAMI, FL 33156 US

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

VALDES, YELINE CNP  
3038 NW NORTH RIVER DRIVE  
SUITE 100  
MIAMI, FL 33142 US

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: YELINE VALDES, CNP

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: BABUN SELMAN, JOSE  
Address: 3038 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

Title: VPSD  
Name: BABUN, SARA C  
Address: 3038 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33042

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: SARA C BABUN

VPSD

02/29/2012

Electronic Signature of Signing Officer or Director

Date