2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # V55016 TITANIC PACKING & CRATING, INC.

Principal Place of Business

Mailing Address

7262 N.W. 66 ST. MIAMI, FL 33166 7262 N.W. 66 ST. MIAMI, FL 33166

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90111 040 ***150.00



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04292008 No Chg-P CR2E034 (11/05) 4. FEI Number

59-1946810

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VILLEGAS, EFRAIN 20500 W. COUNTRY CLUB DR. #708 AVENTURA, FL 33180

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the obligat	itions of registered agent.				h, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title	r applicable. (NOTE: Hegistered Age	en signaturi	required when reinstating)	DATE
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	· 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P VILLEGAS, EFRAIN 20500 W. COUNTRY CLUB DR., #708 AVENTURA, FL 33180	3			
TITLE" NAME STREET ADDRESS CITY-ST-ZIP	ST VILLEGAS, MIRIAM 20500 W. COUNTRY CLUB #708 MIAMI, FL 33180				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information superfice 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #