

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 528019

FILED
Apr 29, 2004
Secretary of State

Entity Name: PRINTED MATTER, INC.

Current Principal Place of Business:

5949 SW 32ND STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5949 SW 32ND STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1775436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, CHRIS
5949 SW 32ND STREET
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOWLER, CHRISTINE,
Address: 4444 SW 71ST AVENUE #108
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: SEILER, N PETER,
Address: 4444 SW 71ST AVENUE #108
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOWLER, CHRISTINE,
Address: 5949 SW 32ND STREET
City-St-Zip: MIAMI, FL 33155

Title: VD (X) Change () Addition
Name: SEILER, N PETER,
Address: 5949 SW 32ND STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE FOWLER

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date