


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 028 \*\*\*150.00

**DOCUMENT # F47952**

1. Entity Name  
**PRINTECH, INC.**



Principal Place of Business      Mailing Address

**8135 NW 33 STREET**      **8135 NW 33 STREET**  
**MIAMI FL 33122**      **MIAMI FL 33122**

2. Principal Place of Business      3. Mailing Address

**3541 NW 115 Ave**      **3541 NW 115 Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**DORAL, FLORIDA**      **DORAL, FLORIDA**

Zip      Country      Zip      Country

**33178**      **MIAMI-DADE**      **33178**      **MIAMI-DADE**

4. FEI Number      Applied For

**59-2135684**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUERRA, ALFONSO**  
**10430 SW 16 ST**  
**MIAMI FL FL 33165**

7. Name and Address of New Registered Agent

Name      **GUERRA ALFONSO**

Street Address (P.O. Box Number is Not Acceptable)

**108 Santander Ave**

City      **CORAL GABLES**      FL      Zip Code      **33134**

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GUERRA, ALFONSO	
STREET ADDRESS	108 SANTANDER AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUERRA, ALMA B.	
STREET ADDRESS	108 SANTANDER AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       03/21/06      (305) 592-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #