


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90043 012 ***150.00

DOCUMENT # G67307
 1. Entity Name
 IDEAL PRINTING OF HYPOLUXO, INC.



Principal Place of Business: 3747 S CONGRESS AVE LAKE WORTH, FL 33461
 Mailing Address: 3747 S CONGRESS AVE LAKE WORTH, FL 33461

50055639



07132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-2362094 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 GERVASI, NICHOLAS
 3753 BARKIS AVE
 BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: V NAME: GERVASI, MARY STREET ADDRESS: 3753 BARKIS AVE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: GERVASI, NICHOLAS STREET ADDRESS: 3753 BARKIS AVE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COSGROVE, SHANNON K SECY STREET ADDRESS: 3933 DORRIT AVENUE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE: _____ NAME: Cosgrove Shannon K. STREET ADDRESS: 4583 Emerald Vista #303 CITY-ST-ZIP: LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Shannon K. Cosgrove* Date: 7-13-05 Daytime Phone #: 561-642-7766