

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M70749

FILED  
Jan 25, 2011  
Secretary of State

Entity Name: SPECIALTY PRESS, INC.

**Current Principal Place of Business:**

300 N.W. 70TH AVE.  
PLANTATION, FL 33317

**New Principal Place of Business:**

300 N.W. 70TH AVE.  
102  
PLANTATION, FL 33317

**Current Mailing Address:**

300 N.W. 70TH AVE.  
PLANTATION, FL 33317

**New Mailing Address:**

300 N.W. 70TH AVE.  
102  
PLANTATION, FL 33317

FEI Number: 65-0035005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARKER, HARVEY C DR.  
300 NW 70TH AVENUE, STE 102  
PLANTATION, FL 33317 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: PARKER, ROBERTA  
Address: 300 NW 70TH AVE.#102  
City-St-Zip: PLANTATION, FL 33317

Title: VSD  
Name: PARKER, HARVEY  
Address: 300 NW 70TH AVE.#102  
City-St-Zip: PLANTATION, FL 33317

Title: SD  
Name: PARKER, HARVEY  
Address: 300 NW 70TH AVE.#102  
City-St-Zip: PLANTATION, FL 33317

Title: TD  
Name: PARKER, ROBERTA  
Address: 300 NW 70TH AVE.#102  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: PARKER, HARVEY  
Address: 300 NW 70TH AVE.#102  
City-St-Zip: PLANTATION, FL 33317

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: HARVEY PARKER

VSD

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date