

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031512

**FILED**  
**Feb 12, 2005**  
**Secretary of State**

**Entity Name:** DIGITAL REPROGRAPHICS, INC.

**Current Principal Place of Business:**

303 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

303 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 59-3648249      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ASAD, SHEIK K  
13866 N W 21ST STREET  
PEMBROKE PINES, FL 33028      US

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

ASAD, SHEIK K  
303 NW 1ST AVENUE  
FORT LAUDERDALE, FL 33301      US

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: \_\_\_\_\_ 02/12/2005  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: ASAD, SHEIK K  
Address: 303 NW 1ST AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PST ( ) Delete  
Name: ASAD, ELAINE  
Address: 303 NW 1ST AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP ( ) Delete  
Name: FORBES, PETER C  
Address: 303 NW 1ST AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELAINE ASAD      PRES      02/12/2005  
Electronic Signature of Signing Officer or Director      Date