

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90496 015 ***150.00

1176999 AV

DOCUMENT # P02000099959

1. Entity Name
D.A. PRINTING, INC.



Principal Place of Business
**6073 NW 167 ST BAY C17
MIAMI FL 33015**

Mailing Address
**6073 NW 167 ST BAY C17
MIAMI FL 33015**



2. Principal Place of Business
6187 N.W. 167 St.

3. Mailing Address
6187 N.W. 167 St.

Suite, Apt. #, etc.
H-39

Suite, Apt. #, etc.
H-39

City & State
Miami

City & State
Miami

CHECK HERE IF MAKING CHANGES

4. FEI Number
13-4211674

Applied For
 Not Applicable

Zip
33015

Country
Fl.

Zip
33015

Country
Fl.

6. Name and Address of Current Registered Agent
**VILLEDA, ALVARO
6073 NW 167 ST BAY C17
MIAMI FL 33015**

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	VILLEDA, ALVARO
STREET ADDRESS	6073 NW 167 ST BAY C17
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D <input type="checkbox"/> Delete
NAME	ANELLO, DAN E
STREET ADDRESS	6073 NW 167 ST BAY C17
CITY-ST-ZIP	MIAMI FL 33015
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Valladares
STREET ADDRESS	6187 N.W. 167 St unit H-39
CITY-ST-ZIP	Miami, Fl. 33015
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebeca Giaguinta
STREET ADDRESS	6187 N.W. 167 St. unit H-39
CITY-ST-ZIP	Miami, Fl. 33015
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 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: **SIGNATURE REQUIRED** **04-23-03** **(305) 8213060**

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

CR2E034 (10/02)