


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90004 002 ***150.00

DOCUMENT # P02000111571

1. Entity Name
ADVANTAGE BINDERY, INC.



Principal Place of Business Mailing Address
23012 L'ERMITAGE CIR BOCA RATON FL 33433 **23012 L'ERMITAGE CIR BOCA RATON FL 33433**

54072749



MOORE CR2E034 (4/04)

2. Principal Place of Business **3501 N.W. 14TH AVE**
 Suite, Apt. #, etc.

3. Mailing Address **3501 N.W. 14TH AVE.**
 Suite, Apt. #, etc.

City & State **POMPANO BEACH, FLA** City & State **POMPANO BEACH, FL.**
 Zip **33064** Country **BROWARD** Zip **33064** Country **BROWARD**

4. FEI Number **27-0034885** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KLAPPER, LAWRENCE
~~23012 L'ERMITAGE CIR BOCA RATON FL 33433~~
606 S.W. NATURA BLVD DEERFIELD BEACH, FL. 33441

7. Name and Address of New Registered Agent
 Name **LAWRENCE M. KLAPPER**
 Street Address (P.O. Box Number is Not Acceptable) **606 S.W. NATURA BLVD #108**
 City **DEERFIELD BEACH, FL** Zip Code **33441**

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  **Lawrence M. Klapper** DATE **7-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	KLAPPER, LAWRENCE	
STREET ADDRESS	23012 L'ERMITAGE CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
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		
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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:  **Lawrence M. Klapper** DATE **7-30-04** Daytime Phone # **954 545-3334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR