2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90053 009 ***150.00

DOCUMENT # P03000151235

1. Entity Name
UP2SPEED PRINTING, INC.

Principal Place of Business	Mailing Address
5349 SW 132ND AVE MIRAMAR, FL 33027	5349 SW 132ND AVE MIRAMAR, FL 33027

40040142

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7979 W 25 Ave		7979 W 25 Ave	
Suite, Apt. #, etc.: Bay #4		Suite, Apt. #, etc.: Bay #4	
City & State: Hialeah FL		City & State: Hialeah FL	
Zip: 33016	Country: US	Zip: 33016	Country: US

4. FEI Number 05-0593121 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, CLARA
5349 SW 132ND AVE
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name: Clara Hernandez
Street Address (P.O. Box Number is Not Acceptable): 7979 W 25 Ave Bay 4
City: Hialeah **FL** Zip Code: 33016

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 ____________ 3/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CLARA 5349 SW 132ND AVE MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ____________ 3/21/05 305.821.4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #