

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 5349 SW 132ND AVE MIRAMAR, FL 33027	Mailing Address 5349 SW 132ND AVE MIRAMAR, FL 33027
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40040142



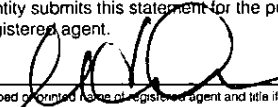
2. Principal Place of Business 7979 W 25 Ave Suite, Apt. #, etc. Bay #4 City & State Hialeah FL Zip 33014 Country US	3. Mailing Address 7979 W 25 Ave Suite, Apt. #, etc. Bay #4 City & State Hialeah FL Zip 33014 Country US
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03232005 Chg-P CR2E034 (10/03)

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 33014
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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:  DATE: 3/21/05

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D HERNANDEZ, CLARA 5349 SW 132ND AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 #