


FILED
Apr 16, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000039692 1. Entity Name PRINTER'S COVE, INC.	
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Principal Place of Business 7750 W 26 AVE SUITE #1 HIALEAH, FL 33016	Mailing Address 7750 W 26 AVE SUITE #1 HIALEAH, FL 33016
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04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0815391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, DAMASO J 7750 W 26 AVE SUITE #1 HIALEAH, FL 33016	<p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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: **4-9-07**

(Signature of person named as registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DIAZ, DAMASO J
STREET ADDRESS	6620 SW 5TH STREET
CITY- ST- ZIP	PEMBROKE PINES, FL 33023
TITLE	D
NAME	GARCES, MAXIMINO F
STREET ADDRESS	6851 NW 119TH STREET #1207
CITY- ST- ZIP	HIALEAH GARDENS, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
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80095-015

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in executing 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:  **DAMASO J. DIAZ** DATE: **4-9-07** TELEPHONE: **305-557-4522**

(Signature and typed or printed name of signing officer or director)