


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90118 004 \*\*\*150.00

<b>DOCUMENT # P06000124472</b>			
1. Entity Name <b>INK PRINT INC.</b>			
Principal Place of Business <b>1100 HERON AVENUE MIAMI SPRINGS, FL 33166</b>		Mailing Address <b>1100 HERON AVENUE MIAMI SPRINGS, FL 33166</b>	
2. Principal Place of Business - No P.O. Box #			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01092007	Chg-P CR2E034 (12/06)
		4. FEI Number <b>20-5639012</b>	Applied For Not Applicable
		a. Certificate of Status Desired <input type="checkbox"/> <b>\$9.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD. #1045 CORAL GABLES, FL 33134</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NAVARRO, RAUL 1100 HERON AVENUE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information submitted 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 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 affidavit with all other like empowerment.			
SIGNATURE: _____		Date: <b>1/10/2007</b>	
SIGNATURE (TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Daytime Phone #	