

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042801

FILED
Mar 27, 2009
Secretary of State

Entity Name: PREPRESS CONSOLIDATED COLOR, INC.

Current Principal Place of Business:

18131 SW 149 AVENUE
MIAMI, FL 33187 US

New Principal Place of Business:

Current Mailing Address:

18131 SW 149 AVENUE
MIAMI, FL 33187 US

New Mailing Address:

FEI Number: 65-0500127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORSTEN, LEONARDO M PD
18131 SW 149 AVENUE
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: BORSTEN, OSCAR A VSTD
Address: 11548 S.W. 142ND AVE.
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: BORSTEN, LEONARDO M PD
Address: 18131 SW 149 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: BORSTEN, BENEDICTUS B D
Address: 10026 SW 144 PLACE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO BORSTEN

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date