
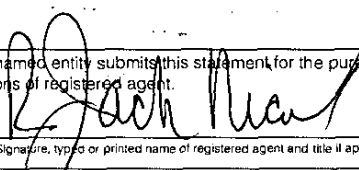
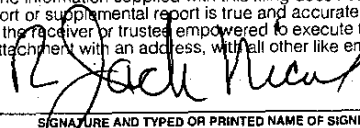


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90065 029 ***150.00

DOCUMENT # 246771 1. Entity Name UNIVERSAL PRINTING COMPANY					
Principal Place of Business 3100 N.W. 74TH AVE. MIAMI, FL 33122			Mailing Address 3100 N.W. 74TH AVE. MIAMI, FL 33122		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0937098	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICOL, JACK R 3100 N.W. 74TH AVE. MIAMI, FL 33122				7. Name and Address of New Registered Agent Name Nicol, R. Jack Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 74th Avenue City Miami FL Zip Code 33122	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		R. Jack Nicol <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-13-04 <small>DATE</small>	
"FILE NOW!!!" FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD NICOL, JACK R 6830 N. SAINT ANDREWS DR. HIALEAH, FL 33015 <input type="checkbox"/> Delete See Change →		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicol, R. Jack (Richard Jack) 6830 N. Saint Andrews Drive Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOL, RICHARD 6830 N. ST. ANDREWS DR. MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, T. Darrell (Thomas Darrell) 12632 Oak Hollow Court Dade City, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[D SMITH, DARRELL T 788 HORRELL HILL RD. HOPKINS, SC 29061 <input type="checkbox"/> Delete See Change →		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, T. Darrell (Thomas Darrell) 12632 Oak Hollow Court Dade City, FL 33525 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICOL, DIANE M 6830 N. SAINT ANDREWS DR MIAMI, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, T. Darrell (Thomas Darrell) 12632 Oak Hollow Court Dade City, FL 33525 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAND, DAVID A 680 BOUNDARY STREET S.W. CONOVER, NC 28613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, T. Darrell (Thomas Darrell) 12632 Oak Hollow Court Dade City, FL 33525 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Orth, Scott A. 1183 - 71st Street Miami Beach, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 		R. Jack Nicol		1-13-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		305-592-5387 <small>Daytime Phone #</small>	

24002272

