

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90014 007 \*\*\*150.00

**DOCUMENT # 253200**

1. Entity Name  
**DEPENDABLE PRINTING & OFFSET CORP.**



Principal Place of Business  
**5821 FUNSTON ST  
 HOLLYWOOD, FL 33023**

Mailing Address  
**1875 WEST 8TH AVE  
 HIALEAH, FL 33010**

**54022194**



2. Principal Place of Business

3. Mailing Address

**5821 Funston Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Hollywood, FL**

4. FEI Number

**59-0948602**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33023**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, RICHARD  
 742 ENFIELD ST  
 BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **C**  Delete  
 NAME: **RUBIN, MILTON H**  
 STREET ADDRESS: **2713 PINEHURST DRIVE**  
 CITY-ST-ZIP: **WESTON, FL 33332**

TITLE: **S**  Delete  
 NAME: **LOPILATO, JILL**  
 STREET ADDRESS: **8900 NW 34TH STREET**  
 CITY-ST-ZIP: **COOPER CITY, FL 33024**

TITLE: **P**  Delete  
 NAME: **RUBIN, RICHARD**  
 STREET ADDRESS: **660 NE BROADVIEW DRIVE**  
 CITY-ST-ZIP: **BOCA RATON, FL 33431**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
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 CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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: *Milton H Rubin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/04**  
 Date

**954-889-0134**  
 Daytime Phone #