## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 276043**

FILED Aug 09, 2004 Secretary of State

Entity Name: MIAMI TRUCOLOR OFFSET SERVICE CO

| ,   | 1410 (1411 11)                                       | OCCUPANT OF THE SERVICE                     | . 00.                                       |  |
|---|--|---|---|--|
| Current Principal Place of Business:        |  |   | New Principal Place of Business:            |  |
|   | . 57TH TERRA<br>DLLYWOOD, FI                         |   |   |  |
| Current M                                   | lailing Addres                                       | s:  | New Mailing Address                         | s:                                     |
|   | 57 TERRACE<br>DOD, FL 3302                           |   |   |  |
| FEI Number                                  | : 59-1027336   | FEI Number Applied For()                    | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and                                    | l Address of C                                       | urrent Registered Agent:                    | Name and Address o                          | f New Registered Agent:                |
| MELTON,<br>2211 SW 5<br>HOLLYWO             |  | 3 US  |   |  |
|   | e named entity s<br>e of Florida.                    | submits this statement for the p            | purpose of changing its registered          | d office or registered agent, or both, |
| SIGNATU                                     | RE:  |   |   |  |
|   | Electror   | ic Signature of Registered Ag               | ent   | Date                                   |
| Election Car                                | mpaign Financin                                      | g Trust Fund Contribution ( ).              |   |  |
| OFFICERS AND DIRECTORS:                     |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V ()<br>MELTON, DON<br>2211 SW 57 TE<br>HOLLYWOOD,   | ERR.  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                    |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>MELTON, DON<br>2211 SW 57 TE<br>HOLLYWOOD,  | ERR.  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P ( )<br>MELTON, AURO<br>2211 SW 57 TE<br>HOLLYWOOD, | ERRACE                                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD MELTON V 08/09/2004