2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #306887** 04-16-2004 90107 046 ***150.00 1. Entity Name FINE ARTS LITHOGRAPHING COMPANY Principal Place of Business Mailing Address 24043955 **1031 BLUEBIRD AVE** 1031 BLUEBIRD AVE MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 3. Mailing Address 2. Principal Place of Business 348 So 348 SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1146171 Not Applicable Miam MIAM Country Zio Zip \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required 7. Name and Address of New Registered Agent - - - 6. Name and Address of Current Registered Agent MAREK, RUDOLPH H Street Address (P.O. Box Number is Not Acceptable) 1031 BLUEBIRD AVE MIAM! SPRINGS, FL 33166 SPRINGS MI Am 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE ☐ Addition MAREK, RUDOLPH J. NAME NAME BUR SOUTH DAILE 1031 BLUEBIRD AVE STREET ADDRESS STREET ADDRESS MIAMI SPRINGS, FL 33166 CITY-ST-7IP 33166 CITY-ST-ZIP SPRINGS STD **⊠** Change ☐ Addition Delete TITLE TITLE MAREK, BETTY D. NAME NAME 1031 BLUEBIRD AVE STREET ADDRESS STREET AODRESS CITY-ST-7/P CITY-ST-ZIP MIAMI SPRINGS, FL 33166 Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Maddition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

warph SIGNATURE: A SIGNATURE AND TYPED O NG OFFICER OR DIRECTOR

FILED