2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453492

Entity Name: PRINTERS SERVICE OF FLORIDA, INC.

FILED Feb 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15851 SW 41ST SUITE 600 DAVIE, FL 333311519 **New Mailing Address: Current Mailing Address:** 26 BLANCHARD ST. NEWARK, NJ 07105 FEI Number: 22-2040499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIROFF, RICHARD B 222 BEACH RD #9 SARASOTA, FL 34242 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LIROFF, RICHARD, Name: Name: 187 HILL DRIVE Address: Address: City-St-Zip: SOUTH ORANGE, NJ City-St-Zip: Title: STD Title: () Delete () Change () Addition LIROFF, HARRIET. Name: Name: 187 HILL DRIVE Address: Address: SOUTH ORANGE, NJ City-St-Zip: City-St-Zip: () Delete Title: Title: V () Change () Addition MEDWED, Name: Name: 565 SPENDER TRACE Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: Title: () Delete Title: () Change () Addition SCHER, Name: Name: 315 DRUMMEN CT. Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: Title: CFO Title: () Delete () Change () Addition WININGER, MARK H. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARK H WININGER CFO 02/22/2005

26 BLANCHARD ST

NEWARK, NJ

Address: City-St-Zip: