

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474166

FILED
Apr 06, 2005
Secretary of State

Entity Name: INTERNATIONAL PRINTING AIDS, INC.

Current Principal Place of Business:

3799 HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

3799 HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

New Mailing Address:

FEI Number: 59-1634306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZACHARIN, SAM
3799 HALLANDALE BEACH BLVD.
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: ZACHARIN, SAMUEL,
Address: 2055 NE 198TH TERR
City-St-Zip: N MIAMI BEACH, FL

Title: ST () Delete
Name: ZACHARIN, SARA,
Address: 2055 NE 198TH TERR
City-St-Zip: N MIAMI BEACH, FL

Title: PD () Delete
Name: ZACHARIN, EDAN,
Address: 21244 HARBOR WAY #212
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ZACHARIN, SAMUEL,
Address: 21248 HARBOR WAY #245
City-St-Zip: AVENTURA, FL 33180

Title: ST (X) Change () Addition
Name: ZACHARIN, SARA,
Address: 21248 HARBOR WAY #245
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDAN ZACHARIN

PD

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date