

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90135 004 ***158.75

DOCUMENT # **474166**

1. Entity Name
INTERNATIONAL PRINTING AIDS, INC.



Principal Place of Business
**951 NW 35TH CT.
FORT LAUDERDALE FL 33309**

Mailing Address
**951 NW 35TH CT.
FORT LAUDERDALE FL 33309**

JUL 10 2003



2. Principal Place of Business
3799 Hallandale Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3799 HALLANDALE BEACH BLVD.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PARK, FLORIDA
Zip
33023
Country

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Zip
33023
Country

4. FEI Number **59-1634306**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZACHARIN, SAM
951 NORTHWEST 35TH COURT
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3799 HALLANDALE BEACH BLVD.
City
PEMBROKE PARK FL Zip Code
33023

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACHARIN, SAMUEL 2055 NE 198TH TERR N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZACHARIN, SARA 2055 NE 198TH TERR N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACHARIN, EDAN 21244 HARBOR WAY #212 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edan Zacharin* **ZACHARIN**

Date **1-27-03** Daytime Phone # **(954) 985-388**

CR2E034 (10/02)