



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 522586 1. Entity Name PHASE ONE PRINTING, INC.					
Principal Place of Business 9885 NW 52ND TERR MIAMI, FL 33178 US		Mailing Address 9885 NW 52ND TERR MIAMI, FL 33178 US			
DO NOT WRITE IN THIS SPACE					
					
		04132005 No Chg-P CR2E034 (10/03)			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 59-1710534</td> <td style="width: 20%;">Applied For Not Applicable</td> </tr> </table>		4. FEI Number 59-1710534	Applied For Not Applicable
4. FEI Number 59-1710534	Applied For Not Applicable				
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIVERS, YOLANDA M 9885 NW 52ND TERR MIAMI, FL 33178		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERS, YOLANDA MUNOZ 9885 NW 52 TERRA. MIAMI, FL 33178	<div style="font-family: monospace; font-size: 1.2em;"> 1100000328024 04/25/05-80062-002 150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP ARGUELLES, GEORGE P O BOX 331718 MIAMI, FL 33233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERS, JOSEPH ARTHUR 699 CLAY ST WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME 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)(f), 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: <u>YOLANDA RIVERS PRES.</u> 4/20/05 3055918735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					