


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1 of 2

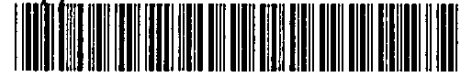
DOCUMENT # 527716		
1. Entity Name U.S. BINDERY, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 17 AM 9:29

02/14/05 90058 024

\$150.00



Principal Place of Business 5330 NW 161ST STREET HIALEAH FL 33014	Mailing Address 5330 NW 161ST STREET HIALEAH FL 33014
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-1754212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARBALLO, CELESTINO A. 6831 DUNNON CT. MIAMI LAKES FL 33014	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

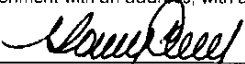
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 2/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBALLO, CELESTINO A 6831 DUNNON CT. MIAMI LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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"/> Delete	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:  2/27/05 305-622-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



COMPLETE BINDERY SERVICE

5330 N.W. 161st Street • Miami, Florida 33014
Tel: 305-622-7070 • 305-622-7072 • Fax: 305-622-7066

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O.BOX 6850
TALLAHASSEE, FL 32314

DEAR SIRs:

ON FEBRUARY 27 WE SENT OUR ANNUAL 2005 WITH OUR PAYMENT \$150
CK.#1731, ALREADY DEPOSITED BY YOU.

I WAS INFORMED BY YOUR OFFICE THAT THE REPORT WAS SENT BACK
BECAUSE IT HAD TO BE SIGNED IN THE RIGHT PLACE, REPORT THAT WE
NEVER RECEIVED.

ATTACHED IS OUR COPY OF THE REPORT SIGNED BY THE OFFICER
(OWNER) CELESTINO CARBALLO.

PLEASE MAKE ARRANGEMENTS SO OUR ERROR CAN BE FIXED.

THANKYOU

A handwritten signature in cursive script, appearing to read "Celestino Carballo".

CELESTINO CARBALLO SR.
PRESIDENT