


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 562015 1. Entity Name COLOR SPECTRUM PRINTING, INC.	
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Principal Place of Business 12900 AUTOMOBILE BLVD. SUITE G CLEARWATER, FL 33762	Mailing Address 12900 AUTOMOBILE BLVD. SUITE G CLEARWATER, FL 33762
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**DO NOT WRITE IN THIS SPACE**



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1810589	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

IBRAHIM, SOHEIR  
1012 LAKE RIDGE DR  
SAFETY HARBOR, FL 34695

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY - ST ZIP	P IBRAHIM, BASSMI M 1012 LAKE RIDGE DR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST ZIP	VST IBRAHIM, SOHEIR 1012 LAKE RIDGE DR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST ZIP	VP PETER, IBRAHIM B 3310 BRIARWOOD CIRCLE SAFETY HARBOR, FL 34695
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TITLE NAME STREET ADDRESS CITY - ST ZIP	
TITLE NAME STREET ADDRESS CITY - ST ZIP	

**DO NOT WRITE  
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03/30/05-80013-012 150.00

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: Sohr Ibrahim v.p. 3/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #