2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # 599357** PRINTING UNLIMITED OF FLORIDA, INC. Principal Place of Business Mailing Address 451 EAST HIALEAH DR. 451 EAST HIALEAH DR. HIALEAH, FL 33010 HIALEAH, FL 33010 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1875986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ZALDIVAR, CRISTINA DO NOT WRITE 9210 SW 134 PLACE MIAMI, FL 33106 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. _ Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000175036 01/10/05-80034-006 150.00 ZALDIVAR, JULIO NAME STREET ADDRESS 9210 SW 134 PL CITY-ST-ZIP MIAMI, FL TITLE ZALDIVAR, CRISTINA NAME 451 E, HIALEAH DR. STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED