2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

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DOCUMENT # 673435				Secretary of State		
1. Entity Nam WAREHO	DUSE PRINTING, INC.					
Principal Place		Mailing Address		1		
1820 NE 150 NORTH MIAM		1820 NE 150 ST NORTH MIAMI, FL 33181				
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_				03242005	No Chg-P	CR2E034 (10/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
	and the second			59-2004	734	Not Applica
			And the second s	5. Certificate o	f Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent	* · · · · · · · · · · · · · · · · · · ·	gr. 1. See .	per si per si	- 1 / 1
ROTH, ST	EVEN			no i	NOT W	DITE
2020 NORTHWEST 163RD STREET			- ""			
SUITE 300 NORTH MIAMI BEACH, FL 33160				IN T	'HIS SP	ACE
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8. The above	named entity submits this statement for	the purpose of changing its register	red office or registe	red agent, or both	, in the State of Flo	rida. I am familiar with, and acce
	tions of registered agent.		•	•		
SIGNATURE.			-			
<u> </u>	Signature, typed or printed name of registered agent an	d title it approable. (NOTE Register	ed Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	U00000 04709705-)295802 -80043-014 150. 0 0
10.	OFFICERS AND D	RECTORS	J.,	. , ,	<u> </u>	SUUTO OIT ISOLU
TITLE	DS FELDMAN IDMIN					
NAME STREET ADDRESS	FELDMAN, IRWIN 19430 NE 18TH CT					
C(TY-ST-ZIP	MIAMI, FL 33181			*:*	· • ——————	reconstruction of the second o
TITLE	PD				-	
NAME STREET ADDRESS	FELDMAN, CHARLES 1820 NE 150TH ST				-	
CITY-ST-ZIP	MIAMI, FL 33181			`		. <u>—</u>
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CITY-ST-ZIP				DO	NOT W	RITE
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12. I hereby certify that the Information supplied with this filling 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: 🔀

STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4/6/65

(205) 944-2931