


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 693056	
1. Entity Name PRO PRINTING SERVICES, INC.	

Principal Place of Business C/O ELOY MENOSCAL 2181 W. 73RD STREET HIALEAH, FL 33016	Mailing Address C/O ELOY MENOSCAL 2181 W. 73RD STREET HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2103593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENOSCAL, ELOY
2181 W. 73RD STREET
HIALEAH, FL 33016**

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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)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	TD MENDEZ, MARIA 15120 E. FALCON'S LEA DR DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MENOSCAL, ELOY 15120 E. FALCON'S LEA DR. DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD MENOSCAL, BEATRIZ 15120 E FALCON'S LEA DR DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD MENOSCAL, FRANCISCO 733 S.W. 157 TERRACE SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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U00000502047
04/25/06-80090-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  - ELOY MENOSCAL	Date 4/6/06	Daytime Phone # 305-557-1651
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