## PAJALEZAL ASSISTANCE STRVIZES, NO Query Astronomy Mailing Address:

Mailing Address: 2112 Tyler Street. Hollywood, Florida 33020

Office:

(954) 925-8185

Fax:

(954) 925-4974 (305) 525-0338

Message: e-mail:

LawandaJoseph@AOL.com

April 17. 2002

Flordia Department of State 409 W. Gaines St. Tallahassee, FL 32399

Re: Printvillage, Inc.

900005371839--2 -04/29/02--01124--003 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Dear Sir or Madam:

I enclose a check in the amount of \$87.50 for the filing fees as well as certified copy and certificate of status fees. Please file the documents and return the originals to the above referenced address

Should you have any questions, please feel free to contact me at 800-585-8043.

Thank you kindly.

Sincerely,

Lawanda Joseph Senior Paralegal

Encls. LJ:lr SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	PRINTVILLAGE, INC.						
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or						
	words or abbreviations of like import in language as will clearly indicate that it is a corporation incread of a						
	natural person or partnership if not so contained in the name at present.)						
2.	Florida 3						
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	- 1					
4.							
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<del>-</del> -					
6.	"upon qualification"						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)							
7	6278 N. Federal Hwy., #406, Ft Lauderdale, FL 33308	,					
(Principal office address)							
	6278 N. Federal Hwy., #406, Ft Lauderdale, FL 33308	- : - :					
(Current mailing address)							
8.	To engage in any activity or business permitted under the laws	of					
		2,,					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)							
	or right registered agent. (1.0. Box of Wall Drop Box NOI acceptable)	2m					
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Paralegal Assistance Services, Inc.	SE CO					
Of	fice Address: 2117 Hollywood Blvd., Suite 112	789F					
	Hollywood, Florida 33020						
	(City) (Zip code)	F 55					

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pawanda (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## 12. Names and business addresses of officers and/or directors:

A. DIRECTORS							
Chairman: _	Michael Choo						
Address:	6278 N. Federal Hwy., #406				****		
	Ft. Lauderdale, FL 33308						
Vice Chairman:							
Address:		<u> </u>					
Director:	F. Gary Gieske		·				
Address:	6278 N. Federal Hwy., #406	4			<del></del>		
	Ft. Lauderdale, FL 33308	:	- -	= -			
Director:	Abel Mallo						
Address:	6278 N. Federal Hwy., #406	,			<u> </u>		
	Ft.Lauderdale, FL 33308	,	-				
B. OFFICERS							
President: _	Michael Choo			02 APR	ASSECT.		
Address:	6278 N. Federal Hwy., #406			R 29	CTAR CTAR		
	Ft. Lauderdale, FL 33308	,		P	2007 2007 2007		
Vice Preside	lent:			ů			
Address:				£	SNO		
		,					
Secretary: _	Patricia Kuiper						
Address:	6278 N. Federal Hwy., #406, Ft. Lauderdal	e, FL	33308				
Treasurer: _	Patricia Kuiper						
Address:	6278 N. Federal Hwy., #406, Ft. Lauderdal	e, FL	33308				
NOTE: If necessary, you may attach am addendum to the application listing additional officers and/or directors.							
13	(Signature of Chairman, Vice Chairman, or any officer listed in num	hor 12 of 4	oo omnlicati-	<u></u>			
	(Signature of Chairman, vice Chairman, or any officer fished in hum	0CI 12 01 II	re apprication	шј			



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PRINTVILLAGE**, **INC**., as a corporation duly organized under the laws of **NEVADA** and existing under and by virtue of the laws of the State of Nevada since February 7, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 21, 2002.

Secretary of State

By A come Fuld

Certification Clerk

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