

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006490

Entity Name: WISE SYSTEM PRINTERS, INC.

FILED  
Jan 20, 2006  
Secretary of State

## Current Principal Place of Business:

CARRETERA #1 KILOMETRO 26  
BARRIO QUEBRADA ARENAS,  
CAGUAS, PUERTO RICO 00725,

## New Principal Place of Business:

CARRETERA #1 KILOMETRO 26.0  
BARRIO QUEBRADA ARENAS,  
CAGUAS, PR 00725

## Current Mailing Address:

PO BOX 191793  
SAN JUAN, PR 009191793

## New Mailing Address:

FEI Number: 66-0523527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ANTONIO L  
879 SW ROCKY BAYOU TERR  
PORT ST. LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ, ANTONIO  
Address: 879 SW ROCKY BAYOU TERR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP ( ) Delete  
Name: GONZALEZ, JOSE A  
Address: PO BOX 191793  
City-St-Zip: SAN JUAN, PR 009191793

Title: S ( ) Delete  
Name: RIVERA, LYDIA  
Address: PO BOX 191793  
City-St-Zip: SAN JUAN, PR 009191793

Title: T ( ) Delete  
Name: GONZALEZ, JO AIRIS  
Address: PO BOX 191793  
City-St-Zip: SAN JUAN, PR 009191793

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO GONZALEZ

P

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date