

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F06000002251

1. Entity Name
INK SYSTEMS INC.



Principal Place of Business
**2311 S. EASTERN AVENUE
COMMERCE, CA 90040**

Mailing Address
**2311 S. EASTERN AVENUE
COMMERCE, CA 90040**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3979758

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, DARRYL
1527 102ND AVENUE SOUTH
ST. PETERSBURG, FL 33716**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HIRSCH, URBAN S III
STREET ADDRESS	2311 S. EASTERN AVENUE
CITY-ST-ZIP	COMMERCE, CA 90040

TITLE	SD
NAME	MIDANIK, WILLIAM J
STREET ADDRESS	2311 S. EASTERN AVENUE
CITY-ST-ZIP	COMMERCE, CA 90040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/07-80009-021 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

321-720-4000

Daytime Phone #