


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 028 ***150.00

DOCUMENT # F47952	
1. Entity Name PRINTECH, INC.	

Principal Place of Business 8135 NW 33 STREET MIAMI FL 33122	Mailing Address 8135 NW 33 STREET MIAMI FL 33122
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2. Principal Place of Business 3541 NW 115 Ave	3. Mailing Address 3541 NW 115 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DORAL, FLORIDA	City & State DORAL, FLORIDA
Zip 33178	Country MIAMI-DADE

4. FEI Number 59-2135684	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUERRA, ALFONSO 10430 SW 16 ST MIAMI FL FL 33165	7. Name and Address of New Registered Agent Name GUERRA ALFONSO Street Address (P.O. Box Number is Not Acceptable) 108 Santander Ave City CORAL GABLES FL Zip Code 33134
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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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRA, ALFONSO 108 SANTANDER AVE MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRA, ALMA B. 108 SANTANDER AVE MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	03/21/06 (305) 592-2838
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>