


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90478 007 \*\*\*150.00

94065903

<b>DOCUMENT #</b> <i>F79371</i> <b>1. Entity Name</b> 59-2179507 STEVEN STEELE FINE PRINTING, INC. 6970 S.W. 124 Street Miami, FL 33156			
<b>Principal Place of Business</b> 59-2179507 STEVEN STEELE FINE PRINTING, INC. 6970 S.W. 124 Street Miami, FL 33156		<b>Mailing Address</b> Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami, FL 33176	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
		<b>4. FEI Number</b> 59-2179507	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STEVEN STEELE 6970 SW 124 ST MIAMI, FL 33156		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	NAME	TITLE	NAME
	PROT. AGENT STEVEN STEELE 6970 SW 124 STREET MIAMI, FL 33156		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			
<b>SIGNATURE:</b> <i>Steven Steele</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-04 305-279-1040 DATE DAYTIME PHONE #	