2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 25, 2004 8:00 am **Secretary of State** DOCUMENT # H03811 1. Entity Name 03-25-2004 90038 004 ***150.00 ENGELHARD PRINTING CO. Principal Place of Business Mailing Address 13323 W DIXIE HNWY 13323 W DIXIE HNWY N. MIAMI FL 33161 US N. MIAMI FL 33161 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2825489 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGELHARD, GEORGE W. 13323 WEST DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 City Zip Code 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition NAME ENGELHARD, GEORGE W. NAME STREET ADDRESS 13321 WEST DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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. Horse W SIGNATURE: - 2 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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