2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State
05-19-2004 90238 023 ****50.00

DOCUMENT # L03000002928

1. Entity Name
PRINTERMAX, LLC

Principal Place of Business	Mailing Address
210 NE ~~2ND~~ COURT ~~DANIA BEACH FL 33004~~ ~~US~~	210 NE ~~2ND COURT~~ ~~DANIA BEACH FL 33004~~ ~~US~~

04000404

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
3731 S.W. 47th Ave		3731 S.W. 47th Ave	
Suite, Apt. #. etc.: 404		Suite, Apt. #. etc.: 404	
City & State: Ft. LAUDERDALE FL		City & State: Ft. Lauderdale FL	
Zip: 33314	Country: U.S.A.	Zip: 33314	Country: U.S.A.

4. FEI Number: 33-1070541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VOSCHIN, MATTHEW J CPA~~
~~13311 SW 16TH COURT~~
~~DAVIE FL 33325~~

7. Name and Address of New Registered Agent

Name: SUAREZ, Vega & Associates, INC.
Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Avenue #410
City: MIAMI FL Zip Code: 33131

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: JOSE M. VEGA [signature] DATE: 05-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA STELLA ANGULO, mgr. owner CARRERA 1a 12A-23 BARRIO SAN MARCOS BOGOTA, Colombia S.A. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 04/19/04 (954)791-7761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #