

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 016 ****50.00

DOCUMENT # L03000017316					
1. Entity Name INNOVATIVE PRINTING SOLUTIONS, LLC					
Principal Place of Business 111 NORTH EAST 1ST STREET 4TH FLOOR MIAMI, FL 33132 US			Mailing Address 111 NORTH EAST 1ST STREET 4TH FLOOR MIAMI, FL 33132 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 72-1562378				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUIROS, ARIEL I 111 NORTH EAST 1ST STREET 4TH FLOOR MIAMI, FL 33132			Name BALWANT Cheema Street Address (P.O. Box Number is Not Acceptable) 8301 NW 197 Street City Miami FL Zip Code 33015		
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 <i>Balwant Cheema</i>			DATE 4-26-04		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Howard Anders 3 Grove Isle Drive Coconut Grove, FL 33133		
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: <i>Howard Anders</i>			DATE 4-26-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		