


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L12742  
 1. Entity Name  
 PRINTMAT CORPORATION



Principal Place of Business      Mailing Address  
 7286 SW 48TH STREET      7286 SW48TH ST.  
 MIAMI, FL 33155      MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



02152005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0146257      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALVAREZ, PATRICIA M  
 7286 SW 48TH ST.  
 MIAMI, FL 33155

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DSV
NAME	ALVAREZ, MANUEL A.
STREET ADDRESS	7286 SW 48 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DP
NAME	ALVAREZ, TERESA M.
STREET ADDRESS	7286 SW 48 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	ALVAREZ, MANUEL E.
STREET ADDRESS	7286 SW 48 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DV
NAME	ALVAREZ, PATRICIA M.
STREET ADDRESS	7286 SW 48 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	ALVAREZ, THERESA M.
STREET ADDRESS	7286 SW 48 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80095-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia M. Alvarez      PATRICIA M. ALVAREZ      2/17/05      (305)663-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #