2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 23 AM 8:00
66405349

DOCUMENT # L13617

1. Entity Name
PEN & INK PRINTING AND GRAPHICS, INC.

Principal Place of Business	Mailing Address
% EUNICE HEPNER RODRIGUEZ 13050 SW 120 STREET MIAMI, FL 33186	% EUNICE HEPNER RODRIGUEZ 13050 SW 120 STREET MIAMI, FL 33186

02022004 Chg-P CR2E034 (10/03) MRS

2. Principal Place of Business	3. Mailing Address
13022 SW 120 Street	13022 SW 120 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33186 Country:	Zip: 33186 Country:

4. FEI Number: 65-0146361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, EUNICE HEPNER 13301 SW 108 ST CIR MIAMI, FL 33186	Name: Eunice Rodriguez Street Address (P.O. Box Number is Not Acceptable): 13022 SW 120 Street City: Miami FL Zip Code: 33186

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RODRIGUEZ, EUNICE HEPNER 13301 SW 108 ST CIR MIAMI, FL 33186	☐ Delete	VP Rodriguez, Eunice 13022 SW 120 Street Miami FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, MANUEL DE JES 13301 SW 108 ST CIR MIAMI, FL 33186	☐ Delete	 13022 SW 120 Street Miami FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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03/30/04--01070--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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #