


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90036 009 ***158.75

DOCUMENT # M08541	
1. Entity Name SPRINT BUSINESS FORMS, INC.	

Principal Place of Business 14731 S.W. 48 TERRACE MIAMI FL 33185	Mailing Address 14731 S.W. 48 TERRACE MIAMI FL 33185
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2. Principal Place of Business 9735 N.W. 52 STREET	3. Mailing Address 9735 N.W. 52 STREET
Suite, Apt. #, etc. APT. 219	Suite, Apt. #, etc. APT. 219
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178	Country U.S.A.



MOORE CR2E034 (11/03)

4. FEI Number 59-2477083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAYO, MANUEL 14731 S.W. 48 TERR. MIAMI FL 33185	7. Name and Address of New Registered Agent Name MANUEL MAYO Street Address (P.O. Box Number is Not Acceptable) 9735 N.W. 52 STREET APT. 219 City MIAMI FL Zip Code 33178
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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 **MANUEL MAYO** DATE **APRIL-4-04**

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, MANUEL 14731 S.W. 48 TERR. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL MAYO 9735 N.W. 52 STREET - APT. 219 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTELLANOS, ANA R. 14731 S.W. 48 TERR. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTELLANOS, ANA R. 9735 N.W. 52 STREET, APT. 219 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MANUEL MAYO** **APR. 4-2004** **305-500-9794**

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