

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90052 002 ***158.75

DOCUMENT # M08541

1. Entity Name
SPRINT BUSINESS FORMS, INC.



Principal Place of Business
**9735 NW 52 ST
APT 219
MIAMI FL 33178**

Mailing Address
**9735 NW 52 ST
APT 219
MIAMI FL 33178**

40011440



2. Principal Place of Business - No P.O. Box #
1012 BT BRANDY COVE

3. Mailing Address
1012 BT BRANDY COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
WINTER GARDEN, FL

City & State
WINTER GARDEN, FL

4. FEI Number **59-2477083**

Applied For
Not Applicable

Zip **34787** Country **USA**

Zip **34787** Country **USA**

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

**MAYO, MANUEL
9735 NW 52ND ST
APT 219
MIAMI FL 33178**

Name **MANUEL MAYO**
Street Address (P.O. Box Number is Not Acceptable)
1012 BT BRANDY COVE
City **WINTER GARDEN** FL **34787**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB-1-2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD MAYO, MANUEL** ☐ Delete
STREET ADDRESS **9735 NW 52ND ST APT 219**
CITY - ST - ZIP **MIAMI FL 33178**

TITLE
NAME **PD MAYO, MANUEL** ☒ Change ☐ Addition
STREET ADDRESS **1012 BT BRANDY COVE**
CITY - ST - ZIP **WINTER GARDEN, FL 34787**

TITLE
NAME **VSD CASTELLANOS, ANA R.** ☐ Delete
STREET ADDRESS **9735 NW 52ND ST APT 219**
CITY - ST - ZIP **MIAMI FL 33178**

TITLE
NAME **VSD CASTELLANOS, ANA R.** ☒ Change ☐ Addition
STREET ADDRESS **1012 BT BRANDY COVE**
CITY - ST - ZIP **WINTER GARDEN, FL 34787**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

MANUEL MAYO

FEB-1-2007

(407)287-9379

Date

Daytime Phone #