2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # M09810 1. Entity Name 04-21-2005 90255 005 ***150.00 ENGINEERED PRINTING SYSTEMS INC. Principal Place of Business Mailing Address C/O LAURIE K. AMBER C/O LAURIE K. AMBER 50041846 7731 S.W. 62 AVENUE, SUITE 202 7731 S.W. 62 AVENUE, SUITE 202 SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-2479510 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMBER, LAURIE K. Street Address (P.O. Box Number is Not Acceptable) 7731 S.W. 62ND AVENUE SUITE 202 SOUTH MIAMI, FL 33143 Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE D/P/S/T Change ■ Addition KAUFMAN, MARTIN NAME NAME MARTIN KAUFMAN 7731 S.W. 62ND AVENUE STREET ADDRESS STREET ADDRESS 7731 SW 62nd Ave. SUite 202 CITY-ST-ZIP SOUTH MIAMI, FL CITY-ST-ZIP South Miami FL 33143 ST ☐ Change ☐ Addition TITLE Delete KAUFMAN, MARTIN NAME NAME STREET ADDRESS 7731 S.W. 62ND AVENUE STREET ADDRESS CITY-ST-7IP SOUTH MIAMI, FL CITY-ST-ZIP Delete TITLE ☐ Change TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eceiver 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.

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Martin Kaufman, Pres 01/05/2005 305/ 661-5629 SIGNATURE AND TYPED OF PRINTED TAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Date Daytime Phone #