

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M24485

1. Entity Name
PRINT-A-MATICS, INC.



Principal Place of Business
**2131 WEST 60TH ST.
HIALEAH, FL 33016-2602 US**

Mailing Address
**2131 WEST 60TH ST.
HIALEAH, FL 33016-2602 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2616606

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, ALBERTO
14735 SW 68TH TERR
MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 office (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-04

**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

**000000116028
04/16/04-80047-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **CABRERA, ALBERTO**
STREET ADDRESS **14735 SW 68TH TERR**
CITY-ST-ZIP **MIAMI, FL**

TITLE **DVP** ☐ Delete
NAME **GONZALEZ, JOSE**
STREET ADDRESS **233 W 33RD ST**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **DP** ☐ Delete
NAME **GONZALEZ, LUIS**
STREET ADDRESS **15579 MIAMI LAKEWAY N#102**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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]

4-14-04

305-559-816