

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90024 015 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2616606**

Applied For  
Not Applicable

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**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CABRERA, ALBERTO
STREET ADDRESS	14735 SW 68TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	GONZALEZ, JOSE
STREET ADDRESS	233 W 33RD ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	GONZALEZ, LUIS
STREET ADDRESS	15579 MIAMI LAKEWAY N#102
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	SD
NAME	GONZALEZ, DAISY
STREET ADDRESS	233 W. 33RD STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**305-557-8141 305-302-4877**