

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M55507

FILED
Jan 19, 2004
Secretary of State

Entity Name: PRINTSMART, INC.

Current Principal Place of Business:

2501 NW 17TH LANE
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2501 NW 17TH LANE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 59-2830845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEXLER, MICHI
9973 NW 15TH COURT
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: WEXLER, MICHI
Address: 9973 NW 15TH COURT
City-St-Zip: CORAL SPRINGS, FL

Title: VP () Delete
Name: WEXLER, JAMES,
Address: 9973 NW 15 CT.
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: WEXLER, MICHI
Address: 9973 NW 15TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP (X) Change () Addition
Name: WEXLER, JAMES,
Address: 9973 NW 15 CT.
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHI WEXLER

TS

01/19/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date