2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005193

1. Entity Name
THE PRINT SOLUTION, INC.

Principal Place of Business	Mailing Address
3690 NW 50TH ST. MIAMI, FL 33142	PO BOX 16605 PLANTATION, FL 33318

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0975035		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRELAND, SCOTT
232 FARMINGTON DRIVE
PLANTATION, FL 33317

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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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000907687
05/05/08-80047-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IRELAND, SCOTT
STREET ADDRESS	232 FARMINGTON DRIVE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	ALFANO, ALFONSO
STREET ADDRESS	2099 NW 127TH AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 (X) _____   4/18/08   954-854-4699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #