2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000020154

1. Entity Name DOTCOMPRINTER, INC.



FILED
--Mar 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

1928 N.E. 151ST STREET MIAMI, FL 33162 Mailing Address C/O HMD 16100 NE 16 AVE NORTH MIAMI BEACH, FL 33162



03252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0986996 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5.	Name and Addr	ess of	Current	Registered	Agent

LYNN, MICHAEL 1928 N.E. 151 STREET MIAMI, FL 33162

SIGNATURE:

DO NOT WRITE IN THIS SPACE

					<u> </u>					
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 priviled name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) OATE										
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	- 1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, MICHAEL 1928 N.E. 151ST STREET MIAMI, FL 33162					110000000000000000000000000000000000000				
TITLE NAME STRELT ADDRESS CITY-ST-ZIP						000000097859 03/29/04-80017-017 150.00				
TITLE NAME STREET ADDRESS CRIY-ST-ZIP					DO	NOT WRITE				
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TITLE NAME STREET ADDRESS 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 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.										

NING OFFICER OR DIRECTOR