

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000024643

1. Entity Name  
PASSBOOKPRINTER.COM INC.



Principal Place of Business  
1007 NORTH FEDERAL HIGHWAY  
SUITE 235  
FORT LAUDERDALE, FL 33304

Mailing Address  
1007 NORTH FEDERAL HWY  
SUITE 235  
FORT LAUDERDALE, FL 33304

FILED

04 MAR -5 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1028313

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BALDEWSINGH, FRANK  
1629 POINSETTIA DRIVE  
FORT LAUDERDALE, FL 33305

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALDEWSINGH, FRANK  
1629 POINSETTIA DRIVE  
FORT LAUDERDALE, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~03/10/04-01078-001 \*\*150.00~~

900030247439  
03/10/04--01078--001 \*\*150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04

B