


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90196 004 \*\*\*150.00

**DOCUMENT # P00000042593**

1. Entity Name  
**DOCUPRINT CORPORATION**



Principal Place of Business  
**2121 PONCE DE LEON BLVD. #240  
 CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD. #240  
 CORAL GABLES, FL 33134**

**40085923**



2. Principal Place of Business - No P.O. Box #  
**10442 NW 31 TER**

3. Mailing Address  
**10442 NW 31 TER**

Suite, Apt. #, etc.

04182007 Chg-P CR2E034 (12/06)

City & State  
**DORAL FL**

City & State  
**DORAL FL**

4. FEI Number  
**65-1007630**

Applied For  
 Not Applicable

Zip  
**33172**

Country  
**DADE**

Zip  
**33172**

Country  
**DADE**

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

6. Name and Address of Current Registered Agent  
**PRATS, GABRIEL  
 2121 PONCE DE LEON BLVD. #240  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**MAESTU, LUCIANO**

Street Address (P.O. Box Number is Not Acceptable)  
**10442 NW 31 TER**

City  
**DORAL**

State  
**FL**

Zip Code  
**33172**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAESTU, LUCIANO			NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD. #240			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 # \_\_\_\_\_