

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90111 006 \*\*\*558.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         |                                                                                                                                                            |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000062915</b><br>1. Entity Name<br><b>SUNPRINT PUBLISHING COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |         |                                                                                                                                                            |  |  |
| Principal Place of Business<br><b>6875 QUEEN PALM TERRACE</b><br><b>MIAMI LAKES FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         | Mailing Address<br><b>6875 QUEEN PALM TERRACE</b><br><b>MIAMI LAKES FL 33014</b>                                                                           |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |         | City & State                                                                                                                                               |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country |                                                                                                                                                            | 4. FEI Number <b>65-1045946</b>                                                   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |         |                                                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>SALAZAR, FELICIA M</b><br><b>6875 QUEEN PALM TERRACE</b><br><b>MIAMI LAKES FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |         |                                                                                                                                                            |                                                                                   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |         |                                                                                                                                                            |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |         |                                                                                                                                                            |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                     |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                      |                                                                                   |  |
| TITLE<br><b>PSD</b><br>NAME<br><b>SALAZAR, FELICIA M</b><br>STREET ADDRESS<br><b>500 EAST BROWARD BLVD. SUITE 1800</b><br>CITY-ST-ZIP<br><b>FORT LAUDERDALE FL 33394</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         | TITLE<br><b>PSD</b><br>NAME<br><b>SALAZAR, FELICIA M.</b><br>STREET ADDRESS<br><b>6875 QUEEN PALM TERR.</b><br>CITY-ST-ZIP<br><b>MIAMI LAKES, FL 33014</b> |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                             |                                                                                   |  |
| 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: <u><i>Felicia M. Salazar</i></u> - PRESIDENT 7/16/04 (305) 843-3486<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |         |                                                                                                                                                            |                                                                                   |  |

**66430326**



MOORE CR2E034 (11/03)