


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90146 035 ***150.00

DOCUMENT # P01000076342	
1. Entity Name ECONO PRINTING, INC.	

Principal Place of Business 4615 HW 72ND AVE 104 MIAMI, FL 33172	Mailing Address 4615 HW 72ND AVE 104 MIAMI, FL 33172
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2. Principal Place of Business 4615 NW 72nd Ave Suite, Apt. #, etc. Suite 104 City & State Miami FL Zip 33166 Country USA	3. Mailing Address 4615 NW 72nd Ave Suite, Apt. #, etc. Suite 104 City & State Miami FL Zip 33166 Country USA
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04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DEVOTO, OLGA M 281 W PARK DRIVE #3 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name OLGA M. DEVOTO Street Address (P.O. Box Number is Not Acceptable) 4615 NW 72ND. AVENUE Suite 104 City Miami FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOTO, OLGA M 281 W PARK DRIVE #3 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Olga Maria Devoto 4615 NW 72nd. Avenue - Suite 104 Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/28/04** **305-4061700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #