

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092576

FILED  
Jan 21, 2004  
Secretary of State

**Entity Name:** PRINTER CONNECTION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

500 W. CYPRESS CREEK ROAD  
SUITE 400  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

500 W. CYPRESS CREEK ROAD  
SUITE 400  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1138558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOTT, JOSEPH G  
500 W. CYPRESS CREEK ROAD  
SUITE 400  
FT. LAUDERDALE, FL 33309

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIANTONIO, NICHOLAS P  
Address: P.O. BOX 880405  
City-St-Zip: BOCA RATON, FL 33488

Title: SVTD ( ) Delete  
Name: LIANTONIO, DONNA  
Address: P.O. BOX 880405  
City-St-Zip: BOCA RATON, FL 33488

Title: D ( ) Delete  
Name: WOOD, MARCUS  
Address: P.O. BOX 880405  
City-St-Zip: BOCA RATON, FL 33488

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NICHOLAS P LIANTONIO

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date