

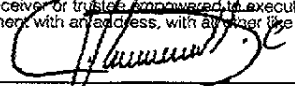


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # P01000103143 | |  |
| 1. Entity Name BLANECOLOR PRINTING CORP. | | |
| Principal Place of Business 3899 NW 7TH ST., SUITE #203 MIAMI, FL 33126 | | Mailing Address 3899 NW 7TH ST., SUITE #203 MIAMI, FL 33126 |
| DO NOT WRITE IN THIS SPACE | | |
|  | | |
| 02142004 No Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 32-0008998 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| CARDONA, JAVIER HURTADO 3899 NW 7TH ST., SUITE #203 MIAMI, FL 33126 | | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | |
| 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 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HURTADO CARDONA, JAVIER 3899 NW 7TH ST., SUITE #203 MIAMI, FL 33126 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PEREZ, MARTHA LUCIA 3899 NW 7TH ST., SUITE #203 MIAMI, FL 33126 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| DO NOT WRITE 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)(f), 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 another fee empowered. | | |
| SIGNATURE:  | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Date _____ Daytime Phone # _____ | | |