


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000107604 <b>1. Entity Name</b> LIQUID COLOR GRAPHICS & PRINTING, INC.	
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<b>Principal Place of Business</b> 8321 NW 170 TERRACE HIALEAH, FL 33015	<b>Mailing Address</b> 8321 NW 170 TERRACE HIALEAH, FL 33015
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**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1151560	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ENRIQUEZ, STEPHEN ONE SOUTHEAST 3RD AVE #1440 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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** \_\_\_\_\_ 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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> NUGENT, MICHAEL 8181 NW 36 ST MIAMI, FL 33166
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> COMPROSKY, KEVIN 8181 NW 36 ST MIAMI, FL 33166
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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08/05/04-80001-022 150.00

**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 all other like empowered**

**SIGNATURE:**  **Kevin Comprosky** **8-6-04** **305-471-0466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #