


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90221 003 \*\*\*150.00

<b>DOCUMENT # P02000035843</b>	
1. Entity Name <b>FINE INK, INCORPORATED</b>	

Principal Place of Business <b>4301 NW 18TH STREET FORT LAUDERDALE, FL 33313</b>	Mailing Address <b>PO BOX 490753 FORT LAUDERDALE, FL 33349</b>
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**94074048**



2. Principal Place of Business <b>850 SW 80th Ave.</b>	3. Mailing Address <b>PO Box 490753</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

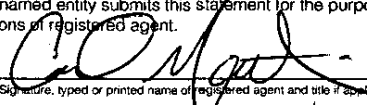
City & State <b>North lauderdale fl</b>	City & State <b>North lauderdale fl</b>
Zip <b>33068</b>	Zip <b>33068</b>
Country <b>Broward</b>	Country <b>Broward</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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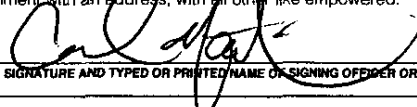
6. Name and Address of Current Registered Agent <b>MARTIN, CARL 4300 NW 19TH ST APT 212-I LAUDERHILL, FL 33313</b>	
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7. Name and Address of New Registered Agent	
Name <b>Martin, Carl</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>850 SW 80 Ave.</b>	
City <b>North lauderdale</b>	FL Zip Code <b>33068</b>

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 	DATE <b>4/28/2004</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, CARL</b>		NAME <b>Martin, Carl</b>	
STREET ADDRESS <b>4300 NW 19TH ST APT 212-I</b>		STREET ADDRESS <b>850 SW 80 Ave</b>	
CITY-ST-ZIP <b>LAUDERHILL, FL 33313</b>		CITY-ST-ZIP <b>North lauderdale fl 33068</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE <b>4/28/2004</b>