06-13-2005 90001 026 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -7 AM 11:03

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059506

1. Entity Name
ATLANTIC BUSINESS FORMS & PRINTING CORP.

Principal Place of Business	Mailing Address
P.O. BOX 822838 PEMBROKE PINES, FL 33082-2838	P.O. BOX 822838 PEMBROKE PINES, FL 33082-2838

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06092005 Chg-P CR2E034 (10/03)

4. FEI Number 72-1526475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEON, EMILIO O 14001 N.W. 4TH ST. SUITE 209 PEMBROKE PINES, FL 33028	Name Street Address (P.O. Box Number is Not Acceptable) 13901 N.W. 4 ST. #208 City PEMBROKE PINES FL Zip Code 33028

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] EMILIO LEON 6/9/05
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 7, 2005

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEON, EMILIO O 14001 NW 4TH STREET #209 PEMBROKE PINES, FL 33028 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. LEON, EMILIO O. 13901 N.W. 4 ST. # 208 PEMBROKE PINES FL 33028 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TANNHAUSER, MICHAEL 470 DUNLAY ST. WOODDALE NES, IL 60191 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] EMILIO LEON 6/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #