


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90004 002 \*\*\*150.00

<b>DOCUMENT # P02000111571</b>	
1. Entity Name <b>ADVANTAGE BINDERY, INC.</b>	

Principal Place of Business <b>23012 L'ERMITAGE CIR BOCA RATON FL 33433</b>	Mailing Address <b>23012 L'ERMITAGE CIR BOCA RATON FL 33433</b>
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**54072749**



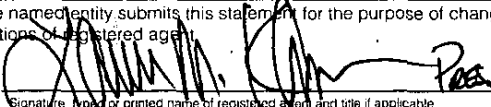
MOORE CR2E034 (4/04)

2. Principal Place of Business <b>3501 N.W. 14TH AVE</b>	3. Mailing Address <b>3501 N.W. 14TH AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>POMPANO BEACH, FLA</b>	City & State <b>POMPANO BEACH, FL.</b>
Zip <b>33064</b>	Country <b>BROWARD</b>
Zip <b>33064</b>	Country <b>BROWARD</b>

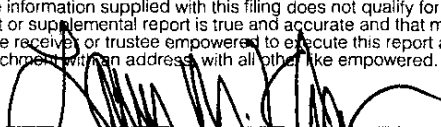
4. FEI Number <b>27-0034885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KLAPPER, LAWRENCE 23012 L'ERMITAGE CIR BOCA RATON FL 33433</b>	
7. Name and Address of New Registered Agent <b>LAWRENCE M. KLAPPER 606 S.W. NATURA BLVD DEERFIELD BEACH, FL. 33441</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>7-29-04</b>

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLAPPER, LAWRENCE 23012 L'ERMITAGE CIR BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>7-30-04</b> 954 545-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #