

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 NOV 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117113	
1. Entity Name INK-savings Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10250 SW 163 PL	3. Mailing Address 10250 SW 163 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33196	Country
City & State Miami, FL	City & State Miami, FL
Zip 33196	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0434393	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Manuel Lozano	
Street Address (P.O. Box Number is Not Acceptable) 10250 SW 163 PL	
City Miami	State FL
	Zip Code 33196

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]* (NOTE: Registered Agent signature required when registering) DATE: **12/02/05**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P	NAME Ingrid Pfalzgraf
STREET ADDRESS 10250 SW 163 PL	
CITY-STATE-ZIP Miami, FL 33196	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ingrid Pfalzgraf* **11-17-05**
PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

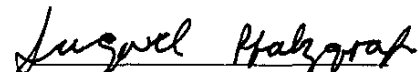
CR2004B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2005 or any other notice from the Division of Corporations in respect with the Corporation, **INK-SAVINGS CORP.**

Thank you for your courtesy in this matter.


INGRID PFALZGRAF
PRESIDENT