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		3. Mailing Address	
10250 SW 163 PL		10250 SW 163 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl		City & State: Miami, FL	
Zip: 33196	Country	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

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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 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.

900061870189
12/02/05--01052--008 **300.00

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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-ST-ZIP	Miami, Fl 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 21 2005

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

INGRID PFALZGRAF
PRESIDENT