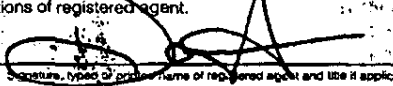
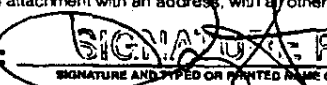


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000123359			
1. Entity Name FLORIDA FLEX INK DISTRIBUTORS, INC.			
Principal Place of Business 6832 NW 77 CT MIAMI FL 33166		Mailing Address 6832 NW 77 CT MIAMI FL 33166	
2. Principal Place of Business 6834 NW 77ct Suite, Apt. #, etc.		3. Mailing Address 6834 NW 77ct Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166		Country DADE	
4. FEI Number 81-0582112		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAJARDO, MARIO 6832 NW 77 CT MIAMI FL 33166		7. Name and Address of New Registered Agent Name FAJARDO, MARIO Street Address (P.O. Box Number is Not Acceptable) 6834 NW 77ct City Miami FL 33166	
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  DAYLIN FASARDO Director 4-15-03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME D FAJARDO, MARIO STREET ADDRESS 6832 NW 77 CT CITY - ST - ZIP MIAMI FL 33166		TITLE ☒ Change ☐ Addition NAME D FASARDO, MARIO STREET ADDRESS 6834 NW 77ct CITY - ST - ZIP Miami FL 33166	
TITLE ☐ Delete NAME D FAJARDO, DAYLIN STREET ADDRESS 6832 NW 77 CT CITY - ST - ZIP MIAMI FL 33166		TITLE ☒ Change ☐ Addition NAME D FASARDO, DAYLIN STREET ADDRESS 6834 NW 77ct CITY - ST - ZIP Miami FL 33166	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 a other like empowered.			
SIGNATURE:  DAYLIN FASARDO		Date 4-15-03 Daytime Phone 305-468-0004	

CR2E034 (10/02)