2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009843

Entity Name: AMENDAR PRINTING, INC.

FILED Aug 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17070 COLLINS AVE. 5536 NW 114 AVE 204

T-226 A

SUNNY ISLES BEACH, FL 33160 MIAMI, FL 33178

New Mailing Address: Current Mailing Address:

17070 COLLINS AVE. 5536 NW 114 AVE T-226 A 204

SUNNY ISLES BEACH, FL 33160 MIAMI, FL 33178

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMENDOLARA, ROCCO AMENDOLARA, ROCCO 17070 COLLINS AVE. 5536 NW 114 AVE T-226 A 204 SUNNY ISLES BEACH, FL 33160 MIAMI, FL 33178

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.

SIGNATURE: 08/02/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ARENILLAS, AMAYA ARENILLAS, AMAYA Name: Name: 17070 COLLINS AVE. 5536 NW 114 AVE #204 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: MIAMI, FL 33178

Title: PD Title: PD (X) Change () Addition () Delete

AMENDOLARA, ROCCO RODRIGUEZ, ISABEL Name: Name: 17070 COLLINS AVE. Address: 5536 NW 114 AVE #204 Address: SUNNY ISLES BEACH, FL 33160 MIAMI, FL 33178 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL RODRIGUEZ PD 08/02/2004