2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90390 034 ***150.00

,		71111071							J	OI O	u	
DOCUMENT # P03000056207 1. Entity Name FLORIDA DESIGN & PRINTING INC.							04-19-2004 90390 034 ***150.00					
Principal Plac					440204	107						
13301 SW 1			Mailing Address 13301 SW 108TH ST CIR				44030067					
MIAMI, FL 3	3186		MIAMI, FL 33186									
į							1 10011031 M O	ALBA IRNI ABAN BUNI ABR				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04092004	Chg-P	CR2E00	34 (10/03)		
City & State			City & State			4. FEI Number	473177		· -	oplied For ot Applicable		
Zip		Country	Zip	try			f Status Desired		\$8.75 Add	ditional		
	6 Name	and Address of Current	Pagistared Acent		I		7 Name and 6	Adrese of New D				
5-4 JU	· · · ·				7. Name and Address of New Registered Agent Name: Name							
HERNAND	NEZ-VANK	S, ANA ST	,		CHAID							
1531 NW 1 MĮAMI, FL	15 ST RD	io, niv.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
ر در	₹											
		<u></u>		City					FL	Zip Cod	9	
8. The above	named entit	y submits this statement fo	d office or	register	ed agent, or both	, in the State of Flo		 amiliar with,	and accept			
the obligations of registered agent.												
DIGALLATI INT												
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when								t eiros a				
FILE NOWIII. FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						\$5.		aj Luda (Proj. 1) Din Circum Luda	THE CO		1 200	
10.	:	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE			☐ Delete	TITLE		Pres	idut			Change	Addition	
NAME 1	1	114 11 11 11 11 11 11 11 11 11 11 11 11 11	-	NAM			uel Rodriju	114		Onlings	C-SE / IOUMON	
STREET ADDRESS					ET ADDRESS	1800	2 SW 1201	- street				
CITY-ST-ZIP				CITY	-ST-ZIP		m; 72					
TITLE			☐ Delete	TITLE		7-00	, , _	••••		☐ Change	☐ Addition	
NAME			L.J Delete	NAM	1				• •	Orango		
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE			□ Delele	TITLE	:					☐ Change	Addition	
NAME				NAM						ondingo		
STREET ADORESS		vicina		_ STRE	ET ADDRESS_							
CITY-ST-ZIP				CITY	-ST-ZIP					•	,	
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				NAM	E							
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			Delete	TITLE	: T					☐ Change	Addition	
NAME ·				NAM	I							
STREET ADDRESS					ET ADDRESS							
· CITY-ST-ZIP			, v wma.	CITY	-ST-ZIP			741.44				
TITLE			☐ Delete	TITLE						Change	☐ Addition	
NAME*				NAMI		***			Sept. 5 - 5-27		3 / E	
CITY-ST-ZIP.					ET ADDRESS	-						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption sta							** - 440 07(0)(1)	Fig. 14 C		• 4 - 2 - 2		
12. Inereby (servity that the	a miormation subblied with	unis ming does not quality to	or the exe	mption state	ea in Sec	ction 119.07(3)(i)	, Fiorida Statutes. I	jurther certi	ry that the in	normation	

12. Thereby certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF TICER OR DIRECTOR

4/14/01

Daytime Phone #