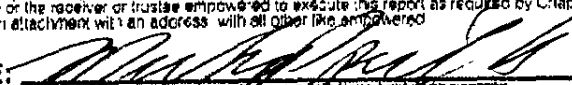


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000057824 1. Entity Name L&M PRINTING, INC.			
Principal Place of Business 8519 W. MCNAB ROAD TAMARAC, FL 33321		Mailing Address 8519 W. MCNAB ROAD TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent PACILLO, MICHAEL 8519 W. MCNAB ROAD TAMARAC, FL 33321		DO NOT WRITE IN THIS SPACE	
3. 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, the registered agent.			
SIGNATURE _____ Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when withdrawing.) DATE _____			
FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000348728 05/02/05-80036-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACILLO, MICHAEL 8519 W. MCNAB ROAD TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(c), 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 the report as required by Chapter 007, 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 filers empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF FORMS OFFICER OR DIRECTOR		4/25/05 954-270-7773 Date Daytime Phone #	