

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90013 019 \*\*\*150.00

**44022682**



03242004 Chg-P CR2E034 (10/03)

4. FEI Number **27-0062922** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P03000065249**

1. Entity Name  
**ACTIVE PRINTING TECHNOLOGIES, INC.**



Principal Place of Business  
**1617 SE 15TH STREET  
505  
FORT LAUDERDALE, FL 33316 US**

Mailing Address  
**1617 SE 15TH STREET  
505  
FORT LAUDERDALE, FL 33316 US**

2. Principal Place of Business  
**1816 N Dixie Hwy**

3. Mailing Address  
**Suite, Apt. #, etc.  
Bay A 5**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**USA**

6. Name and Address of Current Registered Agent

**VILJOEN, BARRY B MR.  
1617 SE 15TH STREET  
505  
FORT LAUDERDALE, FL, FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P VILJOEN, BARRY B MR. 1617 SE 15TH STREET # 505 FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered

SIGNATURE: **Barry B Viljoen** 3/24/04 954-523-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #