


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 038 ***150.00

DOCUMENT # P03000098186

1. Entity Name
SECTION 8 INK INCORPERATED



Principal Place of Business
**4400 SW 129 AVE.
 MIAMI, FL 33175**

Mailing Address
**4400 SW 129 AVE.
 MIAMI, FL 33175**

24073713



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03012003 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**AMOR, ROLAND D JR.
 4400 SW 129 AVE.
 MIAMI, FL, FL 33175**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
47-0929797 Applied For
 Not Applicable

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

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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOR, ROLAND D JR. 4400 SW 129 AVE. MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **5/6/04** 305-551-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #