

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90214 002 \*\*\*150.00

**DOCUMENT # P03000101384**

1. Entity Name  
**MASTERS PRINTING SERVICES INC.**



Principal Place of Business  
**6118 NW 7TH AVENUE**  
**102**  
**MIAMI, FL 33127**

Mailing Address  
**6118 NW 7TH AVENUE**  
**102**  
**MIAMI, FL 33127**

90004030



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
**54-2125512**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BEASLEY, VINCENT**  
**54 NW 100 TERR**  
**MIAMI SHORES, FL 33150**

7. Name and Address of New Registered Agent  
 Name **Vincent Beasley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6118 N.W. 7th Avenue**  
 City **Miami Flg** FL Zip Code **33127**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BEASLEY, VINCENT 4400 SW 56TH AVENUE DAVIE, FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEASLEY, VINCENT 4400 SW 56TH AVENUE DAVIE, FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, VALLARIE MILLE 4400 SW 56TH AVENUE DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beasley, Vincent 6118 N.W. 7th Avenue Miami Flg 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beasley, Vincent 6118 N.W. 7th Avenue Miami Flg 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Singh K. Banks 6118 N.W. 7th Avenue Miami Flg 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE: **4/24/06** DAYTIME PHONE #: **305 720-0570**