2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Apr 13, 2004 8:00 am Secretary of State DOCUMENT # P03000108099 03-26-2004 90022 003 ***150.00 SCOTT'S PRINTING SOLUTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 970623 MIAMI FL 33197 19621 STERLING DR. 66411332 **MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, YULLY MRS 19621 STERLING DR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** City 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 ed agent and title if apphoable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition SCOTT, PAUL MR. NAME NAME 19621 STERLING DR. STREET ADDRESS STREET ADDRESS MIAMI FL 33157 City-St-7IP CITY-ST-ZIP Oelete TITLE TITLE Change ☐ Addition SCOTT, YULLY MRS. NAME NAME STREET ADDRESS 19621 STERLING DR. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE TREA ☐ Delete TITLE ☐ Change ■ Addition NAME" CONTRERAST DEISA MS. NAME STREET ADDRESS 19621 STERLING DR. STREET ADDRESS CITY-ST-ZIP MIAMI FL: 33157 CITY-ST-ZIP SECR ☐ Delete TITLE □ Change ☐ Addition CONTRERAS, MORELLA MS. MAME NAME STREET ADDRESS 19621 STERLING DR. STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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)(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:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED