

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P03000131587					
1. Entity Name REPROGRAPHIC ART, INC.					
Principal Place of Business 18932 NW 63 CT CIRCLE HIALEAH, FL 33015			Mailing Address 18932 NW 63 CT CIRCLE HIALEAH, FL 33015		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, JORGE A 18932 NW 63 CT CIRCLE HIALEAH, FL 33015				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 _____ DATE _____ (Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NO. 1111 FEE IS \$0.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be added to Fee		
			200035821538 05/10/04--01078--002 **150.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO ROMERO, ROLANDO J 1530 NW 24 AVE APT. NO 4 MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	05/10/04--01078--002 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MARTINEZ, ANTONIO 1804 SW 100 AVE MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MARTINEZ, ANTONINO ☒ Change ☐ Addition 1804 S.W. 100 AVE. MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DIAZ, JORGE A 18932 NW 63RD CT. CIRCLE HIALEAH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE-S. DIAZ, JORGE A ☒ Change ☐ Addition 18932 N.W. 63 CT. CIRCLE. HIALEAH, FL.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MARTINEZ, LIDIA 18047 SW 100 AVE MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MARTINEZ, LIDIA ☒ Change ☐ Addition 1804 S.W. 100 AVE. MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MARTINEZ JR, ANTONINO ☐ Change ☒ Addition 1804 S.W. 100 AVE. MIAMI, FL. 33165	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE-P. MARTINEZ, LIDIA E. ☐ Change ☒ Addition 1804 S.W. 100 AVE. MIAMI, FL. 33165	
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: <u>Rolando Romero</u>			ROLANDO ROMERO PRESIDENT 4/22/04 (304) 2272335		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		