2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094019

Entity Name: PRINT O FABRICS, INC.

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9808 N.W. 80, STE, S-10 9808 N.W. 80TH AVENUE HIALEAH GARDENS, FL 33016

STE S-10

HIALEAH GARDENS, FL 33016

Current Mailing Address: New Mailing Address:

9808 N.W. 80, STE, S-10 9808 N.W. 80TH AVENUE

HIALEAH GARDENS, FL 33016 STE S-10

HIALEAH GARDENS, FL 33016

FEI Number: 56-2468827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTANA, SARAI C TAX DEFENSE CENTER 5120 S.W. 92 AVE. 2350 W 84TH STREET MIAMI, FL 33165 #18 HIALEAH, FL 33016 US

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.

SIGNATURE: ELYSABET MONTANEZ 05/02/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD () Delete Title: (X) Change () Addition

SANTANA, SARAI C SANTANA, SARAI C Name: Name: 5120 S.W. 92 AVE. 9808 NW 80TH AVE Address: Address:

City-St-Zip: MIAMI, FL 33165 City-St-Zip: HIALEAH GARDENS, FL 33016

Title: () Delete Title: VΡ () Change (X) Addition

PRADO, ROBINSON Name: Name: Address: 9808 NW 80TH AVE Address:

HIALEAH GARDENS, FL 33016 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: SARAI SANTANA 05/02/2005