2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90556 012 ***150.00

DOCUMENT # P04000108232

1. Entity Name
MULTICOLOR PRESS, INC.

Principal Place of Business	Mailing Address
1320 NW 65TH PLACE FORT LAUDERDALE, FL 33309	1320 NW 65TH PLACE FORT LAUDERDALE, FL 33309

66019980

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6500 NW 12th Ave.	6500 NW 12th Ave.
Suite, Apt. #, etc.: # 118	Suite, Apt. #, etc.: # 118
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 54-2156727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMERY, MICHAEL R
ONE FINANCIAL PLAZA
SUITE 2020
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PACILLO, JOSEPH M 1320 NW 65TH PLACE FORT LAUDERDALE, FL 33309	☐ Delete	PTD Pacillo, Joseph M. 2339 Treasure Isle Dr. #42 Palm Bch Gardens, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FALCONE, EVA A 1320 NW 65TH PLACE FORT LAUDERDALE, FL 33309	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X [signature] 4/28/05 954-938-9098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #