

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-04-2005 90171 008 ***150.00

DOCUMENT # P04000113675 1. Entity Name FIRST PERFORMANCE, PRINTING AND DESIGN SOLUTION, INC.					
Principal Place of Business 2645 EXECUTIVE PARK DR SUITE 111 WESTON, FL 33331 US			Mailing Address 2645 EXECUTIVE PARK DR SUITE 111 WESTON, FL 33331 US		
2. Principal Place of Business Suite, Apt. #, etc. 2112 SW 176 AVE		3. Mailing Address 2112 SW 176 AVE MIRAMAR, FL			
City & State MIRAMAR, FL 33029		City & State MIRAMAR, FL			
Zip 33029	Country US	Zip 33029	Country US	4. FEI Number 201442424	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENITEZ, DAVID 2645 EXECUTIVE PARK DR SUITE 111 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BENITEZ, DAVID 2645 EXECUTIVE PARK DR SUITE 111 WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENITEZ, DAVID 2112 SW 176 AVE MIRAMAR, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BIRAMONTES, DAMARIS 2645 EXECUTIVE PARK DR SUITE 111 WESTON, FL 33331		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BENITEZ, GENOVEVA 2112 SW 176 AVE MIRAMAR, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Apr 01/05 Daytime Phone # (954) 552-9244		

66022967

