

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5 Jun 21, 2006 8:00 am
Secretary of State

05-01-2006 90424 014 ***150.00

DOCUMENT # P05000031676

1. Entity Name
ACCURATE PRINT AND MAIL, INC.



Principal Place of Business
6500 NW 12 AVE STE 118
FT LAUDERDALE, FL 33309

Mailing Address
6500 NW 12 AVE STE 118
FT LAUDERDALE, FL 33309

66020186



2. Principal Place of Business
3701 NW 16th Street
Suite, Apt. #, etc.

3. Mailing Address
3701 NW 16th Street
Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

City & State
Lauderhill, FL
Zip 33311 Country Broward

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Lauderhill, FL
Zip 33311 Country Broward

4. FEI Number
20-2455683
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.
2780 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33306

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 *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ☐ Delete
NAME President
STREET ADDRESS Joseph Pacillo
CITY-ST-ZIP 3336 Treasure Isle Dr. #42
Palm Beach Gardens FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #