

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000090325

1. Entity Name

AMAZING PRINTING & DESIGN, INC.



Principal Place of Business

10871 PALM RIDGE LANE
TAMARAC, FL 33321

Mailing Address

10589 NW 53RD STREET
SUNRISE, FL 33351



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3045472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHAPIRO, LOUIS R
10871 PALM RIDGE LANE
TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHAPIRO, LOUIS R
STREET ADDRESS 10871 PALM RIDGE LANE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VP
NAME PRINCE, MELANIE
STREET ADDRESS 11930 N.W. 31ST STREET
CITY-ST-ZIP SUNRISE, FL 33323

TITLE SEC
NAME PRINCE, IRA
STREET ADDRESS 11930 N.W. 31ST STREET
CITY-ST-ZIP SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000800822
01/31/08-80032-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Louis Shapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Shapiro

Date

Daytime Phone #

1/25/08 954-578-4511