

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131081

FILED
Feb 04, 2007
Secretary of State

Entity Name: ISME PRINTING CORPORATION

Current Principal Place of Business:

6807 WEST COMMERCIAL BLVD
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6807 WEST COMMERCIAL BLVD
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-3410343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISHAHAK, SHAMEEZA
2030 NW 140TH AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISHAHAK, IJAZ
Address: 2030 NW 140TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V () Delete
Name: ISHAHAK, SHAMEEZA
Address: 2030 NW 140TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISHAHAK, IJAZ M
Address: 2030 NW 140TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: SHAMEEZA ISHAHAK

VP

02/04/2007

Electronic Signature of Signing Officer or Director

_____ Date