

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90038 005 \*\*\*150.00

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| <b>DOCUMENT # P05000146744</b><br>1. Entity Name<br><b>LLUMINA PRINTING CO.</b>  |  |  |  |
| Principal Place of Business<br><b>8055 W MCNAB ROAD<br/>TAMARAC, FL 33321</b>  |  | Mailing Address<br><b>8055 W MCNAB ROAD<br/>TAMARAC, FL 33321</b>  |  |
| 2. Principal Place of Business<br><b>7915 W. McNab Rd.</b>   |  | Mailing Address<br><b>7915 W McNab Rd.</b>   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>  |  |
| City & State<br><b>TAMARAC, FL</b>   |  | City & State<br><b>TAMARAC, FL</b>   |  |
| Zip<br><b>33321</b>  |  | Zip<br><b>33321</b>  |  |
| Country<br><b>US</b>   |  | Country<br><b>US</b>   |  |
| 4. FEI Number<br><b>20-3166789</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DICRESCENZO, ANGELA<br/>3170 N FED. HWY<br/>LIGHTHOUSE POINT, FL 33064</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box number is not acceptable)<br><b>605 SE 10th St<br/>#201<br/>Deerfield Beach FL 33441</b> |  |
| 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.<br><br>SIGNATURE <u><i>Angela Dicrescenzo</i></u> DATE <u><i>1/26/06</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GREENSPAN, MICHAEL<br>8055 W MCNAB ROAD<br>TAMARAC, FL 33321  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>795 W. McNab Rd.<br/>TAMARAC, FL 33321</b>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GREENSPAN, DEBORAH<br>8055 W MCNAB ROAD<br>TAMARAC, FL 33321 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7915 W. McNab Rd.<br/>TAMARAC, FL 33321</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>Deborah Green</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |
| Date   |  | Daytime Phone #  |  |