

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028192

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: P & C PRINTING ENTERPRISES INC.

## Current Principal Place of Business:

CROSSROADS SQUARE  
166 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

CROSSROADS SQUARE  
166 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 20-4377393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAJUSTE, MARIE L  
CROSSROADS SQUARE  
166 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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: PD ( ) Delete  
Name: PIERCE, MICHELLE  
Address: 144 EDENLAWN TERRACE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete  
Name: PIERCE, JAMES  
Address: 26761 S.W. 124TH AVE  
City-St-Zip: HOMESTEAD, FL 33032

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PIERCE, MICHELLE  
Address: 166 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD (X) Change ( ) Addition  
Name: CAJUSTE, MARIE L  
Address: 166 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: MARIE CAJUSTE

VD

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date