2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90072 022 ***150.00

305,823,7204

DOCUMENT # P06000075456 1. Entity Name SEMINOLE PRINTING, INC.								01-29-2007 9	90072	022 ***150	0.00
Principal Place of Business 9134 NW 146TH TERRACE MIAMI LAKES, FL 33018				ailing Address 134 NW 146TH TERR IIAMI LAKES, FL 330							
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01122007	Chg-P	CR2E	(12/06)		
City & State				City & State		4. FEI Number	461401		1	plied For t Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Curren	tered Agent	7. Name and Address of New Registered Agent Name							
PINTADO, STEPHANIE A 9134 NW 146TH TERRACE						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI LAKES, FL 33018											
						City			F	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 7 Fee will be \$550	.00	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS ANI	D DIRE	CTORS		ADDITIONS	CHANGES TO OFF	ICERS AN	ND DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	9134 NW	D Delete PINTADO, STEPHANIE A 9134 NW 146TH TERRACE MIAMI LAKES, FL 33018				E EET ADDRESS - ST- ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1				☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Defele						☐ Change	☐ Addition
I of the co.	znoration or 1	ne information supplied wort or supplemental report the receiver or trustee em tachment with an address	nowere	d to execute this repor	t as requ	emptions containe ture shall have the ired by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statut	9, Florida Statutes. I ct as if made under es; and that my nam	further c oath; that e appear	ertify that the ir I am an officer s in Block 10 or	nformation or director Block 11 if