## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000089057

Entity Name: CITIPRINT, CORP.

**FILED** Mar 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1116 CEDAR FALLS DR 7869 NW 52 ST WESTON, FL 33327 MIAMI, FL 33166

**Current Mailing Address: New Mailing Address:** 

1116 CEDAR FALLS DR 7869 NW 52 ST WESTON, FL 33327 MIAMI, FL 33166

FEI Number: 20-8363082 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILA, SILVIA COUTTENYE, LORENZO W 1116 CEDAR FALLS DR 7869 NW 52 ST WESTON, FL 33327 MIAMI, FL 33166 US

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: LORENZO COUTTENYE 03/03/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition COUTTENYE, LORENZO COUTTENYE, LORENZO W Name:

Name: 1116 CEDAR FALLS DR 7869 NW 52 ST Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: MIAMI, FL 33166

Title: VPTD Title: VPTD () Delete (X) Change ( ) Addition

Name: VILA, SILVIA Name: CABRIER, MARCELO 1116 CEDAR FALLS DR 11149 NW 80 LANE Address: Address: WESTON, FL 33327 MIAMI, FL 33178 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: ( ) Change (X) Addition

COUTTENYE, LORENZO W Name: Name:

7869 NW 52 ST Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33166

Title: () Delete Title: ( ) Change (X) Addition

CABRIER, MARCELO Name: Name: Address: Address: 11149 NW 80 LANE City-St-Zip: City-St-Zip: MIAMI, FL 33178

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: LORENZO COUTTENYE **PSD** 03/03/2007