

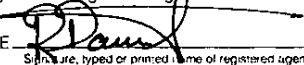



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90206 045 ***150.00

DOCUMENT # P06000112101 1. Entity Name TOTAL PRINTING CORPORATION					
Principal Place of Business 4315 NW 7TH STREET #40 MIAMI, FL 33126			Mailing Address 4315 NW 7TH STREET #40 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 4315 NW 7TH ST.		3. Mailing Address 4315 NW 7TH ST.		 04132007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. 37-B		Suite, Apt. #, etc. 37-B			
City & State MIAMI, FL.		City & State MIAMI, FL.			
Zip 33126		Zip 33126			
Country USA		Country USA		4. FEI Number 20-5453608	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PAREDES, REINALDO 4315 NW 7TH STREET #40 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name PAREDES, REINALDO Street Address (P.O. Box Number Is Not Acceptable) 4315 NW 7TH ST # 37-B City MIAMI FL Zip Code 33126	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 4-13-07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PAREDES, REINALDO 4315 NW 7TH STREET #40 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PAREDES, REINALDO 4315 NW 7TH ST. # 37-B MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BUZETA, IVETTE M 4315 NW 7TH STREET #40 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BUZETA, IVETTE M 4315 NW 7TH ST. # 37-B MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-13-07 <small>Date</small> <small>Daytime Phone #</small>	