2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 29, 2008 8:00 am Secretary of State DOCUMENT # P07000055243 1. Entity Name 05-29-2008 90321 001 ***600 00 IMPRESS DIGITAL PRINTING SOLUTIONS, INC. Principal Place of Business Mailing Address 1127 WASHINGTON AVE 1127 WASHINGTON AVE 66012568 MIAMI BEACH, FL 33139-4611 MIAM! BEACH, FL 33139-4611 3. Mailing Address COMPANY, P. A 2. Principal Place of Business - No P.O. Box # 221 SOUTH OLIVE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 CR2E034 (12/06) 3400 CORAL WAY, 6TH FL 4. FEI Number Applied For City & State MIAMI, FLORIDA WEST PALM BEACH, FLA. 26-0166652 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33401 33145-3070 U.S.A. U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, JORGE ANDRES Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6TH FLOOR MIAMI, FL 33145-3070 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be **** FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Defete Addition THILE TOTAL ☐ Change DEAN, MICHAEL A NAME NAME STREET ADDRESS 1127 WASHINGTON AVE STREET ADDRESS CITY-S1-ZIP MIAMI BEACH, FL 331394611 CITY-ST-7IP ☐ Change ☐ Addition TITLE Defete NAME CHIN, FRANCIS R JR NAME STREET ADDRESS 1127 WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 331394611 CITY-ST-7IP THE Delete TITI F ☐ Change ☐ Addition KONING, ANDRE BARAAD NAME NAME STREET ADDRESS 1127 WASHINGTON AVE STREET ADDRESS MIAMI BEACH, FL 331394611 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete MORALES, GUSTAVO A NAME NAME STREET ADDRESS 1127 WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 331394611 CITY-ST-ZIP TOTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADOPTESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-70 CHY-ST ZIP 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: __

MICHAEL A. DEAN SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

(786) 586-3324

FILED