2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000008256

1. Entity Name

CORPORATE PRINTING SERVICES, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

13288 SW 114 TERRACE MIAMI, FL 33186 US Mailing Address

P. O. BOX 526900

MIAMI, FL 33152-6900 US



CR2E034 (10/03)

Fee Required

DO NOT WRITE IN THIS SPACE

	_,	(,	
4. FEI Number		Applied For	
65-037 <u>27</u> 89	_	Not Applicab	
5. Certificate of Status Desire		\$8.75 Additional	

6. Name and Address of Current Registered Agent

DISTILLATOR, ROBERT 13288 SW 114 TERR MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

No Cha-P

04152004

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registerer	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS DISTILLATOR, ROBERT 13288 SW 114 TERR MIAMI, FL 33186			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				U00000132621 04/27/04-80062-011 180.00
NAME NAME STREET ADDRESS CITY-ST ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CHY-SI-ZIP			IN	THIS SPACE
IIILE NAME STREET ADDRESS CHY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP		No. of the second secon		
12. Thereby	cessiy that the information supplied with this f	iiing does not quality for the exe	mpilon stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the corporation or the reporter 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: 40

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ROBERT DISTILLATOR 4/20/04

(305)273-6000

Deylime Phone