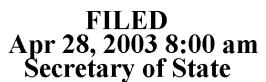
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (



| DOCUMENT # P9300045331 1. Entity Name ALMAR PRINTING, INC. | | | | | | | | | Secretary of State 04-28-2003 90331 050 ***150.00 | | | | | |
|--|--------------------------------|---|------------------|------------------------|-----------------------------|--|---------------------------------------|--|--|---------------|----------------|-------------------|--------------|--|
| Principal Place of Business 1750 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 US Mailing Address 1750 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 US US | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | 8 KE 8 BATT |) | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | | City & State | | | | 4. FEI Number 65-0420714 Applied For Not Applicable | | | | | - | |
| Zip | Country | | Zip | Zip | | Country | | 5. Certificate of Status Desired S8.75 Addition Fee Required | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. N | lame and Address of New Rec | istered Aç | gent | | | |
| | - | يد المحاجب في يفتو | | | • • • | Name- 1 | *· / | | - Land Control of the | | | | - | |
| NIKOLAUK, ALEXANDER 6420 NW 51 COURT | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| LAUDERHI | ILL FL 3331 | 9 | | | | | | | 4.50 | | 7'- O-de | | | |
| } | | | | | | City | | | | FL | Zip Code | 1 | | |
| 8. The above the obligat | named entit tions of regist | y submits this statement for ered agent. | or the purp | pose of changing its r | egistere | d office or | registere | ed age | ent, or both, in the State of Florid | la. I am fa | miliar with, a | and accept | | |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title if app | olicable. (NOTE: | Registered | Agent signatu | re required | when re | instating) | DATE | 703 | | | |
| Afte | r May 1, 200 | !! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o | State | | | | | | Election Campaign Final Trust Fund Contribution. | ncing | | May Be to Fees | | |
| 10. | | OFFICERS AND | DIRECTO | DRS | 11. | • | | AD | DITIONS/CHANGES TO OFFIC | ERS AND I | DIRECTORS | 3 IN 11 | 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6420 NW | ALEXANDER 51 CT DERDALE FL 33319 | | | | ET ADORESS ST-ZIP | NI 64 | PD NIKOLAUK, ALEXANDER 6420 NW 51 CT LAUDERHILL FL 33319 | | | Change | Addition | F034 (10/02) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | RII 20 | LYNN NIKOLAUK NW 51 CT | | Change . | Addition | 3 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | NAME | TITLE NAME STREET ADDRESS 6 | | ∠ <i>e</i> x 511/ 45 | HNDER A NIKOLAUK NW 2 ST ATE FL 33063 | | Change | Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , Te- | | Delete | | | | | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | n de granne | | ☐ Delete | | | | | | | Change . | Addition | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition