

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90063 012 \*\*\*158.75

**DOCUMENT # P93000074950**

1. Entity Name  
**PRINTER'S MATÉ - BINDERY SPECIALIST, INC.**



Principal Place of Business  
**8286 WESTERN WAY CIRCLE  
SUITE C-10  
JACKSONVILLE, FL 32256**

Mailing Address  
**8286 WESTERN WAY CIRCLE  
SUITE C-10  
JACKSONVILLE, FL 32256**

**20032139**



2. Principal Place of Business

3. Mailing Address

**10539 CRAIG Industrial Dr.**

**10539 Craig Industrial Dr.**

Suite, Apt. #, etc.  
**Suite 108**

Suite, Apt. #, etc.  
**Suite 108**

01132005 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville, FLA.**

City & State  
**Jacksonville, FLA.**

4. FEI Number  
**59-3200793**

Applied For  
☐ Not Applicable

Zip  
**32216**

Country  
**USA**

Zip  
**32216**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALES, ERIBERTO A  
8286 WESTERN WAY CIRCLE  
STE. C-10  
JAX, FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**10539 CRAIG Industrial Drive**

**Suite 108**

City  
**JACKSONVILLE**

**FL**

Zip Code  
**32216**

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 **Eriberto A. Gonzalez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/8/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GONZALES, ERIBERTO A**  
STREET ADDRESS **2809 PRATT PLACE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DELA CRUZ, ANTONIO V**  
STREET ADDRESS **8286 WESTERN WAY CIRCLE, #C-10**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4404 GRAND meadows Lane**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **M** ☐ Delete  
NAME **ARGUILLA, FREDDIE M**  
STREET ADDRESS **1101 ROUMA TREE CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1101 Round Tree Circle**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **M** ☐ Delete  
NAME **ARGUILLA, FRANCISCO M**  
STREET ADDRESS **7608 FAWN LAKE DRIVE S.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

**Eriberto A. Gonzalez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/05** (904) 230-4777 (H)  
Date Daytime Phone #