
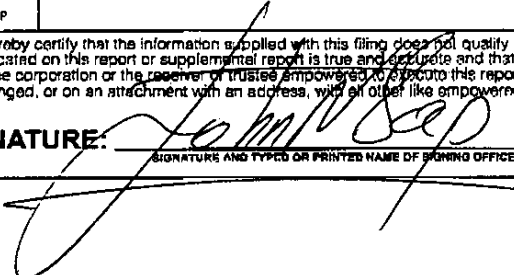


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90408 041 \*\*\*150.00

**2006 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

<b>DOCUMENT # P94000007041</b>		
1. Entity Name <b>IMPRENTA AMERICA, INC.</b>		
Principal Place of Business <b>12972 SW 132 AVE MIAMI, FL 33186 US</b>		Mailing Address <b>12972 SW 132 AVE MIAMI, FL 33186 US</b>
2. Principal Place of Business <b>12972 SW 132 AVE.</b>		3. Mailing Address <b>12972 SW 132 AVE.</b>
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc. <b>N/A</b>
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>
Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>
Country <b>USA</b>		4. FEI Number <b>65-0463082</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>VARGAS, RUBIEL J 4310 N.W. 59TH ST. FT. LAUDERDALE, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>RUBIEL VARGAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>12972 SW 132 AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33186</b>
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 _____ (NOTE: Registered Agent signature required when re/registrars) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VARGAS, RUBIEL 8450 S.W. 156 CT., APT. 400 MIAMI, FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>VD RUBIEL VARGAS 12972 SW 132 AVE. MIAMI, FL- 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OCHOA, JOHN 7546 S.W. 152 AVE., APT. #D402 MIAMI, FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 file 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 empowerment.		
SIGNATURE: 		<b>JOHN OCHOA</b> 04/27/06. 305-251-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

40076134



04282006 Chg-P CR2E034 (11/05)