2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 07, 2005 8:00 am
Secretary of State
05-02-2005 90553 009 ***150.00

DOCUMENT # P94000050868

1. Entity Name
PRINTER'S FAIR INC.

Principal Place of Business	Mailing Address
3976 LAKE WORTH RD LAKE WORTH, FL 33461	3976 LAKE WORTH RD LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0509142

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BA LE, TAM
16501 DEERPATH LN
LOXAHATCHEE, FL 33470-5007

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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: _____ 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	D
NAME	BA LE, TAM
STREET ADDRESS	16501 DEERPATH LN
CITY-ST-ZIP	LOXAHATCHEE, FL 334705007
TITLE	D
NAME	MINH LE, CHAU
STREET ADDRESS	16501 DEERPATH LN
CITY-ST-ZIP	LOXAHATCHEE, FL 334705007
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ TAM BA LE 5/25/05 561-641 9765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #