


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 045 ***158.75

DOCUMENT # P95000003996	
1. Entity Name SPIN QUALITY PRINTING, INC.	

Principal Place of Business 13201 SOUTHWEST 131 STREET MIAMI FL 33186	Mailing Address 13201 SOUTHWEST 131 STREET MIAMI FL 33186
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0546209	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
ESPIN, DIEGO L 16114 SW 153 AVE MIAMI FL 33196	
7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) 2163 SW 153 PATH City MIAMI FL Zip Code 33185	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPIN, DIEGO L	NAME	2163 SW 153 PATH
STREET ADDRESS	16114 SW 153 AVE	STREET ADDRESS	MIAMI FL 33185
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33185
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPIN, ORQUIDEA	NAME	2163 SW 153 PATH
STREET ADDRESS	16114 SW 153 AVE	STREET ADDRESS	MIAMI FL 33185
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33185
TITLE	SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESCEORA ESPIN	NAME	JESCEORA ESPIN
STREET ADDRESS	2163 SW 153 PATH	STREET ADDRESS	2163 SW 153 PATH
CITY-ST-ZIP	MIAMI FL 33185	CITY-ST-ZIP	MIAMI FL 33185
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Orquidea Espin _____ Date _____ Daytime Phone # _____