

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90218 008 \*\*\*150.00

DOCUMENT # P95000036584

1. Entity Name

PAPER MPRESSIONS, INC.



Principal Place of Business

3000 NORTH FEDERAL HWY  
SUITE 7  
FT. LAUDERDALE FL 33306  
US

Mailing Address

3000 NORTH FEDERAL HWY  
SUITE 7  
FORT LAUDERDALE FL 33306  
US

*no effect*



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3300 N. Federal Highway

Suite, Apt. #, etc.

Mezzanine Suite 275

City & State

Fort Lauderdale, FL

Zip 33306

Country - Broward

3. Mailing Address

3300 N. Federal Highway

Suite, Apt. #, etc.

Mezzanine Suite 275

City & State

Fort Lauderdale, FL

Zip 33306

Country - Broward

4. FEI Number 65-0581240

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTELLA, MAUREEN  
3000 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name MAUREEN ROTELLA  
Street Address (P.O. Box Number is Not Acceptable)  
3300 North Federal Highway  
Mezzanine Suite 275  
City Fort Lauderdale FL Zip 33306

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

*Maureen Rotella*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 18, 2005*

**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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME ROTELLA, MAUREEN L  
STREET ADDRESS 2740 NORTHEAST 18TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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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:

*Maureen Rotella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/05 9545645387*

Date

Daytime Phone #