FOR PROFIT CORPORATION

DOCUMENT # PRINTING SUPPLIES, INC.

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90645 027 ***150.00

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D	O NOT WRIT	E IN THIS S	SPAC	E		140061	14	
2. Principal Place 5207 REN		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
ORCHNO FLORIDA		DELINOS FLORIDA			4. FE	El Number 59-3330260 Applied For Not Applicable		
Zip 32818	Country VSA	Zip 3 28 18	Cour	Country VSA		ertificate of Status Desired	Fee	.75 Additional Required
			en a de la composition della c	Name,		ne and Address of Current Regis		ent
DO NOT WRITE				Name THE LAW FIRM OF LAWRENCE J. SPIECE CURTO Street Address (P.O. Box Number is Not Acceptable)				
en e		"是是一个一个人是我们一个都是有人是一个						
IN THIS SPACE				343 ALMERIA AVENVE CITOBRAL GABLES FL 33794				
				CITOORA	L GABLES		FL	Zip Code 33134
	-	t for the purpose of changing	its register	red office or re	egistered agei	nt, or both, in the State of Florida. I	am famili	ar with, and accept
the obligation	ns of registered agent.				•			
SIGNATURE								
	gnature, typed or printed name of registered against 1 - May 1, Fee Is \$150.00	ent and title if applicable (N	NOTE: Registere	ed Agent signature	required when rein	stating) D	ATE	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees
10.		ND DIRECTORS	a.VwA	i Agricación de la	A Challenger			· Marie Charles
TITLE	D VIENNER VIENNER		tut	Ē		the against the government of the state of t		
NAME V	VILLIAM KUENKELE 207 REVOIR DRIVE		NAN					
STREET ADDRESS 5	PELINDO FL 32PIP			eet address Y st-zip				
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NAME V	ictor PEREZ		NAN				Mary Control	
STREET ADDRESS CITY-ST-ZIP	1207 RENOIR ORIVE 1RLANDO FL 32818		9.4739	reet address Y-st-zip				
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NAME C	ARMEN FLORES. 307 RENOID DRIVE		NAN	走 下飞脚声型分散器块	12 (a) 4 (b) 14 (b) 14 (c) 14			
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CITY-ST-ZIP			25 T. A	Y-ST-ZIP	(1) 表现保护理解 (1) 为(1) (1) (2) (2)			
12. I hereby ce	tify that the information supplied v	with this filing does not qualify	for the exe	emption state	d in Section 1	19.07(3)(i), Florida Statutes. I furthe	r certify t	hat 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-521-1616

Daytime Phone #