2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000010852

1. Entity Name
FEDERAL PRINTING, INC.

Principal Place of Business	Mailing Address
3307 NW 7TH STREET MIAMI, FL 33125	3307 NW 7TH STREET MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

01192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0643727	Not Applicable

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

6. Name and Address of Current Registered Agent

CANOVACA, ROBERTO
3307 NW 7 STREET
MIAMI, FL 33125

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

U00000403399
02/06/06-80006-015 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	CANOVACA, JOSEFINA M
STREET ADDRESS	2960 SW 18 STREET
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	D
NAME	CANOVACA, ROBERTO JR
STREET ADDRESS	2325 SW 23 TERRACE
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 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: *Robt Canova* ROBERTO CANOVACA   1/23/06   (305)643-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #