2005 FOR PROFIT CORPORATION ANNUAL REPORTS

Jan 07, 2005 08:00 AM **DOCUMENT # P97000047046 Secretary of State** COSTPRESS PRINTING, INC. Principal Place of Business Mailing Address 1750 W. 39 PLACE 1750 W. 39 PLACE **SUITE 1004 SUITE 1004** HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0756232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CARMENATE, RICARDO DO NOT WRITE 1750 W. 39 PLACE **SUITE 1004** IN THIS SPACE HIALEAH, FL 33012 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U000000173416 CARMENATE, RICARDO NAME STREET ADDRESS 1750 W. 39TH PLACE, #1004 01/07/05-80017-014 150.00 CITY-ST-7/P HIALEAH, FL 33012 TIPLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Daytime Phone #

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