


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90015 035 ***150.00

DOCUMENT # P97000080974 1. Entity Name COMPUTER FORMS & PRINTING PROFESSIONALS, INC.	
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Principal Place of Business 2539 OLD OKEECHOBEE ROAD STE 6 WEST PALM BEACH, FL 33409	Mailing Address 2539 OLD OKEECHOBEE ROAD BAY 6 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0783547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNO, DORIS D 1082 SIENNA OAKS CIR. E. PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNO, DORIS D 1082 SIENA OAKS CIR. E PALM BEACH GARDENS, FL 33410
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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: *D D Bruno Res.* **2/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #