


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P98000002916	
1. Entity Name INCLAN-DIAZ PRINTING INC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 AM 11:58

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business 18341 SW 114 CT		3. Mailing Address 18341 SW 114 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL	City & State MIAMI FL		
Zip 33157	Country	Zip 33157	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0803637		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name DIAZ, NELLY M		
Street Address (P.O. Box Number is Not Acceptable) 18341 SW 114 CT			
City MIAMI FL Zip Code 33157			

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 **Nelly M Diaz** **NEILY M DIAZ** **12/01/03**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	PTD INCLAN, MANUEL 18341 SW 114 CT MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700025426557 12/11/03--01060--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIAZ, NELLY M 18341 SW 114 CT MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Nelly M Diaz** **NEILY M DIAZ PAES** **12/01/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

**18341 SW 114 COURT
MIAMI, FLORIDA 33157**

Division of Corporation
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

SECRET