

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000018608

1. Entity Name  
HALLANDALE PRINTING, INC.



Principal Place of Business  
306 WEST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

Mailing Address  
306 WEST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009



02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0815852

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MANDEL, SUSAN  
306 WEST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
MANDEL, SUSAN  
306 WEST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

000000119505  
04/19/04-80103-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

7/27/04 984 452-1444