2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000040534

1. Entity Name
AHORA PRINTING CORPORATION

Principal Place of Business	Mailing Address
6218 S.W. 8TH STREET MIAMI, FL 33144 US	6218 S.W. 8TH STREET MIAMI, FL 33144 US

DO NOT WRITE IN THIS SPACE

06232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0839754	Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, REBECA A
6218 S.W. 8TH STREET
MIAMI, FL 33144

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_____

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

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FERNANDEZ, REBECA A
STREET ADDRESS	50 S.W. 58TH COURT
CITY-ST-ZIP	MIAMI, FL 33144

U00000369839
06/29/05-80001-011 150.00

TITLE	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   6-23-05   305-261-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #