

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052275

FILED  
Feb 15, 2004  
Secretary of State

**Entity Name:** ASSOCIATED PRINTERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2031 SW 70 AVE  
C-5  
DAVIE, FL 33317

**New Principal Place of Business:**

16434 SW 67 CT  
PEMBROKE PINES, FL 33331

**Current Mailing Address:**

16434 SW 67 CT  
FORT LAUDERDALE, FL 33331 US

**New Mailing Address:**

**FEI Number:** 65-0843909      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, GARY  
16434 SW 67 CT  
PEMBROKE PINES, FL 33331

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALTERS, GARY  
Address: 16434 SW 67 CT  
City-St-Zip: PEMBROKE PINES, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WALTERS

D

02/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date