

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000100552

1. Entity Name

PRINTING IMAGES USA, INC.



**FILED  
Mar 22, 2004 8:00 am  
Secretary of State**

03-22-2004 90301 005 \*\*\*150.00

94034347



MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address		
4155 NORTH DIXIE HIGHWAY OAKLAND PARK FL 33334	4155 NORTH DIXIE HIGHWAY OAKLAND PARK FL 33334		

2. Principal Place of Business	3. Mailing Address		
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		
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City & State	City & State		
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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DORVIL, JEAN E  
4155 NORTH DIXIE HIGHWAY  
OAKLAND PARK FL 33334

4. FEI Number <b>65-0883899</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent		
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State
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9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DORVIL, JEAN E 4155 NORTH DIXIE HIGHWAY OAKLAND PARK FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Jean Dorvil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04 954-564-8660

Date

Daytime Phone #