

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 25, 2006 8:00 am  
Secretary of State

05-25-2006 90012 026 \*\*\*150.00

DOCUMENT # P99000065086

1. Entity Name  
DIRECT COLOR, INC.



Principal Place of Business  
5404 NW 74 AVE.  
MIAMI, FL 33166

Mailing Address

5404 NW 74 AVE.  
MIAMI, FL 33166

2. Principal Place of Business  
3120 W 84th STREET

Suite, Apt. #, etc.  
UNIT #6

City & State  
HIALEAH, FL

Zip  
33018

Country  
USA

3. Mailing Address  
3120 W 84th STREET

Suite, Apt. #, etc.  
UNIT #6

City & State  
HIALEAH, FL

Zip  
33018

Country  
USA

04232006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-1117731

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NEGRON, EILEEN  
5950 SW 47 ST.  
MIAMI, FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

OP  
NEGRON, EILEEN  
7171 SW 24 ST #317  
MIAMI, FL 33155

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE

NAME  
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CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eileen Negron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-06

Date

Daytime Phone #