## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 10, 2006 8:00 am Secretary of State

Daytime Phone #

ANNOAL KLI OK I							02-10-2006 90012 012 ***150.00				
DOCUMENT #P99000077486  1. Entity Name S.O.S. SERVICES ON PRINTING, CORP.								2-10-2000 90	012 012	2 130.0	
Principal Place	e of Business		Mailing Address				]				
2698 SW 87TH AVENUE			2698 SW 87TH AVENUE				\				
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Principal Place of Business     3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Number 65-0951				plied For Applicable
Zip	Zip Country		Z	Zip Couni		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current			Registered Agent			<u> </u>	7. Name and	Address of New R	egistered	<u>·</u>	
						Name			<b>u</b>		
VILCHEZ, HERCULES 2738 WEST 68TH PLACE				Str			(P.O. Box Number	is Not Acceptable	<del>)</del>		
HILAEAH, FL 33016										<del></del>	<del></del>
						City			FL	Zip Code	€
	named entity ions of regist	submits this statement ered agent.	for the p	urpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered age.	el and litle if	applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
				<del>/</del>			_ <del></del>	***	·		
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550	.00	<ol><li>Election Campa Trust Fund Con</li></ol>			5.00 May Be ded to Fees				
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42 I becoby	certify that th	e information supplied w	ith this f	iling does not qualify	for the ex	emptions contains	ed in Chapter 119	Florida Statutes.	further co	ertify that the i	ntormation
indicated	d on this repo	ne information supplied w ort or supplemental repor	t is true a	and accurate and that	my signa	ature shall have the	e same legal effec 07. Florida Statute	t as if made under s: and that my nam	oatn; that le appears	i am an cillicei in Block 10 o	or director r Block 11 if
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SIGNAT	TURE:		( 17)	Her	cu/45	Vilchez	- 0.	0 200	<u> </u>	De time Phone #	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE: \_