

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S57665

1. Entity Name  
PRECISION ART PRINTING, INC.



FILED

04 MAY -4 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4243 NW 107 AVE.  
218  
MIAMI, FL 33178 US

Mailing Address  
4243 NW 107 AVE.  
218  
MIAMI, FL 33178 US

2. Principal Place of Business  
753 NW 9 AVE  
Suite, Apt. #, etc. N/A

3. Mailing Address  
753 NW 9 AVE  
Suite, Apt. #, etc. N/A

05032004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL  
Zip 33136 Country DADE

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Miami, FL  
Zip 33136 Country DADE

4. FEI Number  
65-0269946  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIRUBE, JULIO  
4243 NW 107 AVE. #218  
MIAMI, FL 33178

Name  
753 NW 9 AVE  
Street Address (P.O. Box Number is Not Acceptable)  
City  
Miami FL Zip Code 33136

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 *Julio Ch Dirube*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE MAY 1, 2004

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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  
PVST  
DIRUBE, JULIO  
4243 NW 107 AVE. #218  
MIAMI, FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700036196927  
05/12/04--01037--020 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Julio Ch Dirube*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE MAY 1, 2004  
Daytime Phone #