## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S72107

Title:

Name:

Address: City-St-Zip:

FILED Apr 20, 2004 Secretary of State

**Entity Name:** SIGNATURE PRINTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 5725 NW 151 ST 5725 NW 151 ST HIALEAH, FL 33014 MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** 5725 NW 151 ST 5725 NW 151 ST HIALEAH, FL 33014 MIAMI LAKES, FL 33014 FEI Number: 65-0279321 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRADA, JOSE PRADA, JOSE 5725 NW 151 ST 5725 NW 151 ST HIALEAH, FL 33014 MIAMI LAKES, FL 33014 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: PRADA, JOSE 04/20/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRADA, JAIME G., Name: Name: 15959 SW 13 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WATSON, MARIA. Name: 15968 SW 4 AVENUE Address: Address: PEMBROKE PINES, FL 33027 City-St-Zip: City-St-Zip: Title: Title: VP. ( ) Delete () Change () Addition PRADA, MARIE E Name: Name: 15959 SW 13 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition PRADA, JOSE Name: Name: Address: 853 NW 135TH AVE Address: City-St-Zip: PEMBROKE PINES, FL 33027 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PRADA, JOSE Τ 04/20/2004

() Delete

PEMBEOKE PINES, FL 33027

PRADA, ALVARO M

15959 SW 13 AVENUE

() Change () Addition