

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72107

FILED
Apr 27, 2005
Secretary of State

Entity Name: SIGNATURE PRINTING, INC.

Current Principal Place of Business:

5725 NW 151 ST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5725 NW 151 ST
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0279321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADA, JOSE
5725 NW 151 ST
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRADA, JAIME G.,
Address: 15959 SW 13 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: WATSON, MARIA,
Address: 15968 SW 4 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP () Delete
Name: PRADA, MARIE E
Address: 15959 SW 13 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: PRADA, JOSE
Address: 853 NW 135TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: PRADA, ALVARO M
Address: 15959 SW 13 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PRADA, MARIA E
Address: 15959 SW 13 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRADA, ALVARO M
Address: 15959 SW 13 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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.

SIGNATURE: MARIA WATSON

S

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date