


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V18949**

1. Entity Name  
**INKREDIBLE PRINTING, INC.**



Principal Place of Business 2201 NW 102 PL UNIT 4 MIAMI, FL 33172 US	Mailing Address 2201 NW 102 PL UNIT 4 MIAMI, FL 33172 US
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**DO NOT WRITE IN THIS SPACE**



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0320603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JOSHUA I  
 2201 NW 102 PLACE  
 UNIT #4  
 MIAMI, FL 33172

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD MURRAY, JOSHUA I 2201 NW 102 PLACE UNIT #4 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, MARIA 2201 NW 102 PLACE UNIT #4 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, JOESPH T 2201 NW 102 PLACE UNITH #4 MIAMI, FL 33172
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000000341788  
 04/23/05-80029-012 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Joshua Murray 04-26-05 (305)471-4465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #