## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 22, 2004 8:00 am

····	AIIIOA			Secretary of State	
DOCUMENT # V26502  1. Entity Name NATIONAL MAILING CENTERS OF AMERICA, INC.				03-22-2004 90067 032 ***158.75	
Chie nime! Che n	t t)i	Malling Address		-	
Principal Place of Business 5311 LAKE WORTH RD LAKE WORTH, FL 33463 US		Mailing Address 7705 DAVIE ROAD EXTENS HOLLYWOOD, FL 33024	SION US		
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112004 Chg-P CR2E034 (10/03)	
City & Stat		City & State		4. FEI Number         Applied For           65-0322305         No: Applicable	
Zip	Country	<u> </u>	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
CENTELL THOMAS			Name		
SEWELL, THOMAS 7705 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024			Street Address	(P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
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.					
CICNATURE					
SIGNATURE Signature, typed is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restudating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign  Trust Fund Contribu		5.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Defete	TITLE	Change Addition	
NAME CTOFF ADDRESS	PRESTON, ROBERT		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5230 N. 35TH STREET   HOLLYWOOD, FL 33021		STREET ADDRESS CITY-ST-ZIP		
TITLE	11002111005,15 00021	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		□ Destarte	NAME	- Change - Assitud	
STREET ADDRESS			STREET ADDRESS		
GHY-SI-ZIP		7111	CHY-ST-ZIP		
TITLE		🗀 Delete	TMLE	☐ Change ☐ Addition	
NAME COSET ADODODO			NAME SYNCEY LONDENG		
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS COTY-ST-ZIP	•	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	-	poor Paring	NAME	and a mile	
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CIEV-ST-ZIP			CHY-SE-ZIP		
TMLE NAME	•	☐ Delete	TITLE	Change Addition	
STREET ADDRESS	•		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Defete	TITLE	☐ Change ☐ Additjoi	
NAME	* *		NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip		
<b></b>			L	ection 119 07(3)(i) Florida Statutes 1 further certify that the information	

I hereby certify that the information supplied wiff this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an addition.

BUBLIT PRESTOW 3/8/04 Supplementation of the corporation of the corporation of the corporation of the receiver of trustee appropriate the end of the corporation of the corporation

SIGNATURE: