

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 474166

**Entity Name:** INTERNATIONAL PRINTING AIDS, INC.

**Current Principal Place of Business:**

3146 JOHN P. CURCI DRIVE  
SUITE #3  
PEMBROKE PARK, FL 33009

**Current Mailing Address:**

3146 JOHN P. CURCI DRIVE  
SUITE #3  
PEMBROKE PARK, FL 33009

**FEI Number:** 59-1634306

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ZACHARIN, EDAN  
3146 JOHN P. CURCI DRIVE  
SUITE #3  
PEMBROKE PARK, FL 33009 US

*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

**Officer/Director Detail :**

Title PR  
Name EDAN ZACHARIN  
Address 21244 HARBOR WAY APT#212  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name DORON ZACHARIN  
Address 3170 NE 211 TERR.  
City-State-Zip: AVENTURA FL 33180

Title ST  
Name ELANA ZACHARIN  
Address 21244 HARBOR WAY APT.#212  
City-State-Zip: AVENTURA FL 33180

Title ST  
Name DIANA ZACHARIN  
Address 3170 NE 211 TERR.  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDAN ZACHARIN

**PRES.**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date