# 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: LANCELOT D. WILLIAMS PD 04/28/2016

SIGNATURE: LANCELOT D. WILLIAMS
Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K66560

Entity Name: PRINTING PROFESSIONALS, INC.

#### **Current Principal Place of Business:**

13220 SW 132 AVENUE 8 MIAMI, FL 33186

#### **Current Mailing Address:**

14301 SW 192 ST MIAMI, FL 33177 US

### FEI Number: 65-0099126

Name and Address of Current Registered Agent:

WILLIAMS, SIMONITA 14301 SW 192 ST MIAMI, FL 33177 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

#### **Officer/Director Detail :**

SIMONITA W.
92 ST

Apr 28, 2016 Secretary of State CC9608120879

Date

FILED

Certificate of Status Desired: No

Date