


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 305647
 1. Entity Name
MIAMI GRAPHIC WORKS, INC.



Principal Place of Business Mailing Address
460 W 83RD ST **460 W 83RD ST**
HIALEAH, FL 33014 **HIALEAH, FL 33014**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

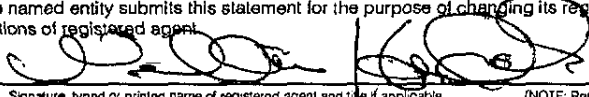
4. FEI Number
59-1143023 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KONCHAK, WILLIAM
460 W 83 ST
HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

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: **04-21-05**

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 KONCHAK, WILLIAM H. 460 W 83RD ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KONCHAK, CLIFFORD 460 W 83RD ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD KNIGHT, KATHY 460 W 83RD ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KONCHAK, ERIC 460 W 83RD ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/25/05-80005-020-150.00

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:  DATE: **04-21-05** DAYTIME PHONE #: **305-821-6441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #