


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 305647 1. Entity Name MIAMI GRAPHIC WORKS, INC.	
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Principal Place of Business 460 W 83RD ST HIALEAH, FL 33014	Mailing Address 460 W 83RD ST HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1143023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000746046
 05/16/07 00053 000 150.00

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  *Kathy Knight* 4-30-07 305-831-6441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #