

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031512

FILED
Apr 18, 2009
Secretary of State

Entity Name: DIGITAL REPROGRAPHICS, INC.

Current Principal Place of Business:

1004 NW 1ST STREET
SUITE 1
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

1004 NW 1ST STREET
SUITE 2
FORT LAUDERDALE, FL 33311

Current Mailing Address:

1004 NW 1ST STREET
SUITE 1
FORT LAUDERDALE, FL 33311

New Mailing Address:

1004 NW 1ST STREET
SUITE 2
FORT LAUDERDALE, FL 33311

FEI Number: 59-3648249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASAD, SHEIK K
1004 NW 1ST STREET
SUITE 1
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

ASAD, SHEIK K
1004 NW 1ST STREET
SUITE 2
FORT LAUDERDALE, FL 33311 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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ASAD, SHEIK K
Address: 1004 NW 1ST STREET, SUITE 1
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PST () Delete
Name: ASAD, ELAINE M
Address: 1004 NW 1ST STREET, SUITE 1
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: FORBES, PETER C
Address: 1004 NW 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ASAD, SHEIK K
Address: 1004 NW 1ST STREET, SUITE 2
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PST (X) Change () Addition
Name: ASAD, ELAINE M
Address: 1004 NW 1ST STREET, SUITE 2
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP (X) Change () Addition
Name: FORBES, PETER C
Address: 1004 NW 1ST STREET, SUITE 2
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE ASAD

PST

04/18/2009

Electronic Signature of Signing Officer or Director

Date