


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 026 ***150.00

DOCUMENT # P01000086691				
1. Entity Name ALL GRAPHIC SERVICES CORP.				
Principal Place of Business 495 W PARK DR, SUITE #101 MIAMI, FL 33172		Mailing Address 495 W PARK DR, SUITE #101 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 12305 NW 11th St.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Miami, FL		City & State		
Zip 33182	Country DADE	Zip	Country	
4. FEI Number 59-3744520				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD <input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTOYA, CLARA	NAME	MONTOYA, CLARA	
STREET ADDRESS	495 W PARK DR, SUITE #101	STREET ADDRESS	12305 NW 11 ST	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	VSD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, JAIME	NAME	RAMIREZ, JAIME	
STREET ADDRESS	495 W PARK DR, SUITE #101	STREET ADDRESS	12305 NW 11 ST	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <u>Jaime A. Ramirez</u>		Date: <u>03/14/07</u> Daytime Phone #: <u>7862827373</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				