

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049947

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ALCAZAR REPROGRAPHICS INC

**Current Principal Place of Business:**

6412 N. UNIVERSITY DR, 105  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

6412 N. UNIVERSITY DR, 105  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 26-2643509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINOLETTI, CARINA  
13360 SW 46 CT  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

GIZZO, ROSANA  
6412 N. UNIVERSITY DR, 105  
TAMARAC, FL 33321 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: ROSANA GIZZO

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOMINGO, JORGE  
Address: 6412 N. UNIVERSITY DR # 115  
City-St-Zip: TAMARAC, FL 33321 US

Title: P ( ) Delete  
Name: BERNASCONI, ALEX  
Address: JAIME ZUDANEZ 2736 AP 1001  
City-St-Zip: MONTEVIDEO, MO 11300 UY

Title: VP ( ) Delete  
Name: GIZZO, ROSANA  
Address: JAIME ZUDANEZ 2736 AP 1001  
City-St-Zip: MONTEVIDEO, MO 11300 UY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BERNASCONI, ALEX  
Address: JAIME ZUDANEZ 2736 AP 1001  
City-St-Zip: MONTEVIDEO, MO 11300 UY

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSANA GIZZO

VP

01/13/2009

Electronic Signature of Signing Officer or Director

Date