

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094097

Entity Name: ECR GRAPHICS, INC.

FILED
Jun 12, 2009
Secretary of State

Current Principal Place of Business:

4838 SW 148TH AVENUE #504
DAVIE, FL 33330 US

New Principal Place of Business:

2451 NW 109 AVE #10
MIAMI, FL 33172 US

Current Mailing Address:

4838 SW 148TH AVENUE #504
DAVIE, FL 33330 US

New Mailing Address:

4839 SW 148TH AVENUE #504
DAVIE, FL 33330 US

FEI Number: 26-3623934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SERVIAN, MARIA
Address: 4838 SW 148TH AVENUE #504
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SERVIAN, MARIA
Address: 4839 SW 148TH AVENUE #504
City-St-Zip: DAVIE, FL 33330 US

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: MARIA SERVIAN

D

06/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date