

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599858

Entity Name: A.C. GRAPHICS, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

1056 EAST 24TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

PO BOX 3220
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 59-1887442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASAMAYOR, AUGUSTO
1056 EAST 24 STREET
HIALEAH, FL 33013 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CASAMAYOR, AUGUSTO G
Address: 1056 E 24TH ST
City-St-Zip: HIALEAH, FL 33013

Title: V/D () Delete
Name: CASAMAYOR, AUGUSTO R
Address: PO BOX 4721
City-St-Zip: MIAMI LAKES, FL 33104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: CASAMAYOR, AUGUSTO G
Address: 1056 E 24TH ST
City-St-Zip: HIALEAH, FL 33013

Title: P/D (X) Change () Addition
Name: CASAMAYOR, AUGUSTO R
Address: PO BOX 4721
City-St-Zip: MIAMI LAKES, FL 33104

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: AUGUSTO CASAMAYOR

P

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date