2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276043

FILED Apr 19, 2007 Secretary of State

Entity Name: MIAMI TRUCOLOR OFFSET SERVICE CO.

rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
. 57 TERRACE DOD, FL 33023	US			
: 59-1027336	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			of New Registered Agent:	
57 TERR. DOD, FL 33023 a named entity s e of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
	c Signature of Registered Ag	ent	Date	
mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
P () MELTON, DONA 2211 SW 57 TEI HOLLYWOOD, F	RR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
	57TH TERRACE DLLYWOOD, FL failing Address 57 TERRACE DOD, FL 33023 59-1027336 H Address of Co DONALD 57 TERR. DOD, FL 33023 e named entity so e of Florida. RE: Electronic	. 57 TERRACE DOD, FL 33023 US Second	Address: STERRACE DOD, FL 33023 New Mailing Address: STERRACE DOD, FL 33023 US STEINumber Applied For () Address of Current Registered Agent: DONALD STERRACE DOD, FL 33023 US Name and Address of DONALD STERRACE DODNALD STERRACE DONALD STEINumber Not Applicable () Address of Current Registered Agent: Name and Address of Current Registered Agent Propose of Changing its registered of Florida. RE: Electronic Signature of Registered Agent Managing Financing Trust Fund Contribution ().	

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD MELTON P 04/19/2007