

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 305647

1. Entity Name
MIAMI GRAPHIC WORKS, INC.



Principal Place of Business

**460 W 83RD ST
HIALEAH, FL 33014**

Mailing Address

**460 W 83RD ST
HIALEAH, FL 33014**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1143023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KONCHAK, WILLIAM
460 W 83 ST
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000746046
05/16/07 00053 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KONCHAK, WILLIAM H.
STREET ADDRESS	460 W 83RD ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	KONCHAK, CLIFFORD
STREET ADDRESS	460 W 83RD ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	STD
NAME	KNIGHT, KATHY
STREET ADDRESS	460 W 83RD ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	KONCHAK, ERIC
STREET ADDRESS	460 W 83RD ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #