

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 408139 1. Entity Name ULTRA GRAPHICS CORPORATION	
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Principal Place of Business 5064 N.W. 74TH AVENUE MIAMI, FL 33166 US	Mailing Address 5064 N.W. 74TH AVENUE MIAMI, FL 33166 US
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02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1314177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUIS, HUMBERTO
132 S W 96TH AVE
MIAMI, FL 33174**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

066000836198
03/04/03-80007-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUIS, HUMBERTO
STREET ADDRESS	132 S W 96TH AVE
CITY-ST-ZIP	MIAMI,, FL 33174
TITLE	V
NAME	LUIS, HUMBERTO JR.
STREET ADDRESS	9431 LAKE SERENA DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VS
NAME	LUIS, BERTHA Z
STREET ADDRESS	132 S W 96TH AVE
CITY-ST-ZIP	MIAMI,, FL 33174
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: *Humberto Luis* **HUMBERTO LUIS, PRESIDENT** 2/24/08 305-593-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #