2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 510773

1. Entity Name
EASTERN SHORES PRINTING COMPANY, INC.

Principal Place of Business	Mailing Address
4476 NW 128TH STREET MIAMI, FL 33054	4476 NW 128TH STREET MIAMI, FL 33054

07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1687578
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCUS, GLADYS
4476 NW 128TH ST.
MIAMI, FL 33054

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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
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARCUS, GLADYS
STREET ADDRESS	15712 FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND, FL
TITLE	S
NAME	MELNICK, LAURIE
STREET ADDRESS	2114 FISHER ISLAND DR
CITY-ST-ZIP	MIAMI, FL 33109
TITLE	V
NAME	MARCUS, STEVEN
STREET ADDRESS	2503 PRINCETON COURT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/08-80002-013 150.00

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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: X 7/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #