

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 522586	
1. Entity Name PHASE ONE PRINTING, INC.	

Principal Place of Business 9885 NW 52ND TER. DORAL, FL 33178 US	Mailing Address 9885 N. W. 52ND TER. DORAL, FL 33178 US
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1710534	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DI GIACOMO, CONCEPCION
1101 S.W. 141ST AVE
MIAMI, FL 33184

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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.

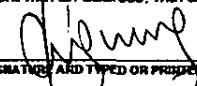
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	U000000900194 04/29/08-80018-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GEORGE, ARGUELLES A PRES. 9885 NW 52 TERRACE. DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FVP RIVERS, JOSEPH A VICE-P 365 WYMORE RD. APT 101 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RIVERS, JOSEPH A SEC. 365 WYMORE RD. APT 101 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DI GIACOMO, CONCEPCION TREAS. 1101 S.W. 141ST AVE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  4/14/8 305.591.8735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #