# 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 | Mailing Address |
|---|---|
| 9885 NW 52ND TER.<br>DORAL, FL 33178 US | 9885 N. W. 52ND TER.<br>DORAL, FL 33178 US |

DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1710534
☐ Applied For
☐ Not Applicable

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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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 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

U00000900194
04/29/08-80018-013 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | GEORGE, ARGUELLES A PRES. |
| STREET ADDRESS | 9885 NW 52 TERRACE. |
| CITY-ST-ZIP | DORAL, FL 33178 |
| TITLE | FVP |
| NAME | RIVERS, JOSEPH A VICE-P |
| STREET ADDRESS | 365 WYMORE RD. APT 101 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | S |
| NAME | RIVERS, JOSEPH A SEC. |
| STREET ADDRESS | 365 WYMORE RD. APT 101 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | T |
| NAME | DI GIACOMO, CONCEPCION TREAS. |
| STREET ADDRESS | 1101 S.W. 141ST AVE |
| CITY-ST-ZIP | MIAMI, FL 33184 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 4/14/8 305-591-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #