

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90299 050 \*\*\*150.00



**DOCUMENT # 569598**

**1. Entity Name**  
 SOUTHERN DISPLAY PRINTERS, INC.

<b>Principal Place of Business</b> 1637 W 31 PLACE HIALEAH, FL 33012	<b>Mailing Address</b> 1637 W 31 PLACE HIALEAH, FL 33012
--	--

<b>2. Principal Place of Business</b> 471 W. 83 St. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 471 W. 83 St. Suite, Apt. #, etc.
---	---

<b>City &amp; State</b> Hialeah, FL	<b>City &amp; State</b> Hialeah FL
<b>Zip</b> 33014	<b>Zip</b> 33014
<b>Country</b>	<b>Country</b>



01272006 Chg-P CR2E034 (11/05)

**4. FBI Number**  
59-1833145

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CLEMENTS, BENJAMIN  
 1637 W 31 PLACE  
 HIALEAH, FL 33012  
 471 W. 83 St.  
 33014

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City** **FL** **Zip Code**

**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 fee-if applicable. (NOTE: Registered Agent signature required when renouncing) **DATE:** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	CLEMENTS, BENJAMIN	
<b>STREET ADDRESS</b>	6365 W. 10 AVE.	
<b>CITY-ST-ZIP</b>	HIALEAH, FL	
<b>TITLE</b>	V	<input type="checkbox"/> Delete
<b>NAME</b>	CELEMNTS, CHRISTOPHER	
<b>STREET ADDRESS</b>	6365 WEST 10 AVENUE	
<b>CITY-ST-ZIP</b>	HIALEAH, FL	
<b>TITLE</b>	ST	<input type="checkbox"/> Delete
<b>NAME</b>	MENDEZ, CHRISTINE	
<b>STREET ADDRESS</b>	6627 SW 65 TERRACE	
<b>CITY-ST-ZIP</b>	MIAMI, FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 (if) empowered.**

**SIGNATURE:** *Christine Mendez* **Christine Mendez** 4-10-06 305-818-2891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #