


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 046 ***150.00

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DOCUMENT # 676879		
1. Entity Name INDUSTRIAL ENGRAVING, INC.		
Principal Place of Business 9820 N.W. 80TH AVE. BAY 6 J HIALEAH GARDENS, FL 33016		Mailing Address 9820 N.W. 80TH AVE. BAY 6 J HIALEAH GARDENS, FL 33016
2. Principal Place of Business - No P.O. Box # X 1710 TANGLEDVINE DR.		3. Mailing Address X 1710 TANGLEDVINE DR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State WESLEY CHAPEL, FL		City & State WESLEY CHAPEL, FL
Zip 33543	Country PASCO	Zip 33543
4. FEI Number 59-2043374		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUBIO, STEVEN 1150 FAIRFIELD MEADOWS DR WESTON, FL 33327 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) X 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIO, STEVEN 1150 FAIRFIELD MEADOWS DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		PST D RUBIO, STEVEN 1710 TANGLEDVINE DR. WESLEY CHAPEL, FL. 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIO, BARBARA 1150 FAIRFIELD MEADOWS DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		VD RUBIO, BARBARA 1710 TANGLEDVINE DR. WESLEY CHAPEL, FL. 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIO, CAROLINE 1150 FAIRFIELD MEADOWS DR WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date-time Phone 813-973-4314