

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F29393

1. Entity Name
APOLLO GRAPHICS, INC.



Principal Place of Business
2659 CARAMBOLA CIRCLE NORTH
APT. 301-A
COCONUT CREEK, FL 33066

Mailing Address
2659 CARAMBOLA CIRCLE NORTH
APT. 301-A
COCONUT CREEK, FL 33066



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2092133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAOLILLO, ANDREW
2659 CARAMBOLA CIR N 301A
POMPANO BEACH, FL 33066

**DO NOT WRITE
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

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**

U000000858477
04/01/08-80046-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAOLILLO, ANDREW
STREET ADDRESS 2659 CARAMBOLA CIR. N #301-A
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ST
NAME PAOLILLO, JEANETTE
STREET ADDRESS 2569 CARAMBOLA CIR. N #301-A
CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *A. Paulillo* A. PAULILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

Date

954-972-8202

Daytime Phone #