

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90034 043 ***150.00

DOCUMENT # H42296 1. Entity Name M. A. PRINTING, INC.			
Principal Place of Business 5910 ROUMAN STREET HOLLYWOOD, FL 33023		Mailing Address P.O. BOX 1497 HOLLYWOOD, FL 33083	
2. Principal Place of Business - No P.O. Box # 300 Three Islands Blvd.		3. Mailing Address (Same)	
Suite, Apt. #, etc. Apt. 218		Suite, Apt. #, etc. (Same)	
City & State Hallandale Beach, FL		City & State (Same)	
Zip 33009	Country USA	Zip (Same)	Country (Same)
6. Name and Address of Current Registered Agent BRENNER, SAMUEL L 300 THREE ISLANDS BLVD. (APT. 218) HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PO	NAME BRENNER, SARA B	<input type="checkbox"/> Delete	
STREET ADDRESS 300 THREE ISLANDS BLVD. (APT. 218)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP HALLANDALE BEACH, FL 33009			
TITLE VDTS	NAME BRENNER, SAMUEL L	<input type="checkbox"/> Delete	
STREET ADDRESS 300 THREE ISLANDS BLVD. (#218)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP HALLANDALE BEACH, FL 330092819			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Samuel L. Brenner, VP		Date 01/23/08	
		Daytime Phone # (954) 665-8334	