

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J22116

1. Entity Name
A.B. GRAPHICS, INC.



Principal Place of Business
**7811 SW 89TH CT.
MIAMI FL 33173
US**

Mailing Address
**7811 SW 89TH CT.
MIAMI FL 33173
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2693816**

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

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**ALFRED BLUM
7811 SW 89TH CT.
MIAMI FL 33176**

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 in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 BLUM, ALFRED 7491 NW 8TH ST MIAMI FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BLUM, FLORENCE 7491 NW 8TH ST MIAMI FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alfred Blum **ALFRED BLUM** 2/17/06 **305 275 3941**