

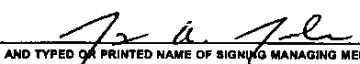


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90025 004 \*\*\*\*50.00

<b>DOCUMENT # L06000076309</b> 1. Entity Name <b>G-ZUS PRINTS, LLC</b>					
Principal Place of Business <b>3110 NW 203RD TERRACE</b> <b>MIAMI, FL 33056 US</b>			Mailing Address <b>POST OFFICE BOX 171611</b> <b>HIALEAH, FL 33017 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04022007 Chg-LLC CR2E083 (12/06)</span> <span>4. FEI Number <b>20-5304055</b></span> <span>Applied For <input type="checkbox"/> Not Applicable</span> </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>JERRY, JOHNSON A</b> <b>3110 NW 203RD TERRACE</b> <b>MIAMI, FL 33056</b>			7. Name and Address of New Registered Agent Name <b>Ira R. Shapiro</b> Street Address (P.O. Box Number is Not Acceptable) <b>16375 NE 18th Avenue</b> <b>Suite 225</b> City <b>North Miami Beach</b> <b>FL</b> Zip Code <b>33162</b>		
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  <span style="float: right;">4-2-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, JERRY A 3110 NW 203RD TERRACE MIAMI, FL 33056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Erika LaDenia Johnson 3110 NW 203rd Terrace Miami, FL 33056 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <span style="float: right;">4-2-07 305626-9340</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					