



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L36342 1. Entity Name SPECTRUM GRAPHICS OF FLORIDA, INC.				FILED 08 MAY -2 AM 8: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1380 SOUTHWEST 8TH STREET POMPAÑO BEACH, FL 33069		Mailing Address 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442		 04232008 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1388 SW 8th St Suite, Apt. #, etc.			
City & State Pompano Beach FL		4. FEI Number 65-0165894			
Zip 33069		Country Ground			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent KRAFT, PATRICK 2832 NE 26TH ST FT. LAUDERDALE, FL 33305				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: <u>X</u> 4/28/08 DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS - HERSHOWITZ, PAUL 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1388 SW 8th St Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400128354644 05/05/08--01003--031 **1177.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	25/6		
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: <u>X</u> 7/28/08 7547823600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					