2004 FOR PROFIT CORPORATION

FILED Jul 01, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L81498 1. Entity Name 07-01-2004 90002 024 ***150.00 ALL GRAPHICS IMPRESSIONS, INC. Principal Place of Business Mailing Address 10873 N.W. 52ND ST 11250126 10873 N.W. 52ND ST STE. 7 & 8 STE. 7 & 8 SUNRISE FL 33351 SUNRISE FL 33351 3423 CR2E034 (4/04) 4. FEI Number Applied For 65-0237066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARILA SHEA/ THOMAS SHEA Street Address (P.O. Box Number is Not Acceptable) 10873 N.W. 52ND STREET STE. 7 & 8 SUNRISE FL 33351 City 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 or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Chance ☐ Addition SHEA THÔMAS B NAME NAME 10873 N.W. 52ND ST, STE. 7 & 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIE Delete TITLE TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ____ Change ____ _ Addition. TITLE - Nelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

Change

Addition

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