


DOCUMENT # M17214

1. Entity Name
ASTRAL-GRAPHICS, INC.



01-25-2007 90044 035 ***150.00

Principal Place of Business
7794 NW 64TH STREET
MIAMI, FL 33166 US

Mailing Address
7794 NW 64TH STREET
MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box #
490 SE 11TH AVE.

3. Mailing Address
490 SE 11TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33010-5747

Country
USA

Zip
33010-5747

Country
USA

4. FEI Number
59-2567758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOO, ARGENTINO
5501 VAN BUREN ST
HOLLYWOOD, FL 33021

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	BOO, ARGENTINO	
STREET ADDRESS	5501 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASENJO, PABLO	
STREET ADDRESS	7900 SW 34TH ST 490 SE 11TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33155 HIALEAH, FL 33010-5747	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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

Date _____ Daytime Phone # _____