

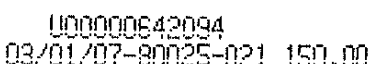
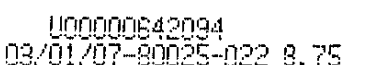
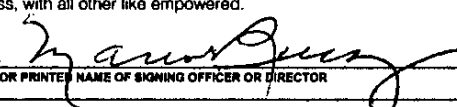


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000057774</b>			
1. Entity Name <b>M.E. GRAPHICS, INC.</b>			
Principal Place of Business <b>10511 SW 52ND STREET MIAMI, FL 33165</b>		Mailing Address <b>10511 SW 52ND STREET MIAMI, FL 33165</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-1018156</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>NEIBAUR &amp; ASSOC P.A. CPA'S 10720 CARIBBEAN BLVD #440 MIAMI, FL 33189</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 03/01/07-80025-021 150.00   03/01/07-80025-022 8.75  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUIZ, MARCOS 10511 SW 52ND STREET MIAMI, FL 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUIZ, ELSA Q 10511 SW 52ND STREET MIAMI, FL 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		2-16-07	305-279-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #