

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90396 015 ***150.00

DOCUMENT # P01000112292

1. Entity Name
MULTICOLOR GRAPHICS & IMPRESSIONS, INC.



Principal Place of Business
1673 WEST 39TH PLACE
HIALEAH, FL 33012

Mailing Address
1673 WEST 39TH PLACE
HIALEAH, FL 33012

2. Principal Place of Business
3816 W. 16TH Avenue
Suite, Apt. #, etc.

3. Mailing Address
3816 W. 16TH Avenue
Suite, Apt. #, etc.

City & State
Hialeah, FL
Zip 33012 Country

City & State
Hialeah, FL
Zip 33012 Country

04102005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0555846
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADRON, ROLANDO
1673 WEST 39TH PLACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
PADRON, ROLANDO
Street Address (P.O. Box Number is Not Acceptable)
3816 W. 16TH Avenue
City Hialeah FL Zip Code 33012

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]*
Signatures, typed or printed name of registered agent and title if applicable.

ROLANDO PADRON
(NOTE: Registered Agent signature required when reinstating)

X 4-26-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PADRON, ROLANDO
STREET ADDRESS 1673 WEST 39TH PLACE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME PADRON, ROLANDO
STREET ADDRESS 3816 W. 16TH Avenue
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE: X *[Signature]* ROLANDO PADRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-26-05 305-8241777

Date Daytime Phone #