


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000044811</b>	
1. Entity Name <b>R &amp; A PRINTING DESIGN, INC.</b>	

Principal Place of Business <b>8035 N W 8 STREET APT #2 MIAMI, FL 33126</b>	Mailing Address <b>8035 N W 8 STREET APT #2 MIAMI, FL 33126</b>
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04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3657793</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent  <b>VARGAS, ROSSANA 8035 N W 8TH ST APT #2 MIAMI, FL 33126</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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000000523585  
05/05/06-80083-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, ROSSANA 8035 N W 8 STREET APT #2 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, MARVIN 8035 N W 8TH STREET APT #2 MIAMI, FL 33126
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**DO NOT WRITE  
IN THIS SPACE**

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: Rossana Vargas ROSSANA VARGAS 4-21-06 305-905-7266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #