

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022646

FILED
May 13, 2008
Secretary of State

Entity Name: QUADRA GRAFICA 35, CORP.

Current Principal Place of Business:

10400 NW 33ST.,
SUITE 270
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

10400 NW 33 ST.,
SUITE 270
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 36-4542764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCADA, PEDRO
9737 NW 41ST #414
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORTEGA, FRANCISCO
Address: 10900 NW 58 TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: D () Delete
Name: DE ORTEGA, OLIVIA G
Address: 10900 NW 58 TERRACE
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA DE ORTEGA

D

05/13/2008

Electronic Signature of Signing Officer or Director

_____ Date