

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038057	
1. Entity Name IMPORT GRAPHICS CORP	
Principal Place of Business 7265 SW 44ST MIAMI, FL 33166	Mailing Address 7265 SW 44 ST MIAMI, FL 33166



FILED  
07 SEP 18 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*



09142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1660218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RAMOS, ASDRUBAL R MR  
2470 NW 102 PLACE  
# 104  
MIAMI, FL 33172

**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 \_\_\_\_\_

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARROZ, CARLOS MR 7265 NW 44 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOTO, FEDERICO MR 7265 NW 44ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR CHACIN, ALEJANDRA MS 7265 NW 44ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LOZANO, ALFONSO MR 7265 NW 44ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/18/07--01063--009 \*\*150.00

**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: \_\_\_\_\_

*CARLOS CARROZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/14/07