2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056207

1. Entity Name
FLORIDA DESIGN & PRINTING INC.

Principal Place of Business	Mailing Address
13022 SW 120TH ST MIAMI, FL 33186	13022 SW 120TH ST MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

FILED

09 MAY 13 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02112008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
51-0473177		Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ-YANKS, ANA   ST
1531 NW 15 ST RD
MIAMI, FL 33125

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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 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, MANUEL
STREET ADDRESS	13022 SW 120 ST.
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900155898999
05/13/09--01034--008 **150.00

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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: _____   4/19/09   305-252-2897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #