

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90189 020 ***150.00

DOCUMENT # P03000060624 1. Entity Name MARC PRINTING AND GRAPHIC SERVICE GROUP, INC.						
Principal Place of Business 8860 FONTAINEBLEAU BLVD., APT 108 MIAMI, FL 33172			Mailing Address 8860 FONTAINEBLEAU BLVD., APT 108 MIAMI, FL 33172			
2. Principal Place of Business 200 NW 87 Av		3. Mailing Address 200 NW 87 Av.				
Suite, Apt. #, etc. #107		Suite, Apt. #, etc. #107				
City & State Miami - FL		City & State Miami - FL				
Zip 33172		Country 		Zip 33172		
Country 						
6. Name and Address of Current Registered Agent MARCANTONIO, MARCELO B 8860 FONTAINEBLEAU BLVD., APT 108 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____						
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"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARCANTONIO, MARCELO B 8860 FONTAINEBLEAU BLVD., APT 108 MIAMI, FL 33172		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARCANTONIO MARCELO B 200 NW 87 Av - APT. #107 MIAMI FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FERNANDEZ, ANDREA M 8860 FONTAINEBLEAU BLVD., APT 108 MIAMI, FL 33172		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FERNANDEZ, ANDREA M. 200 NW 87 Av. APT. #107 MIAMI FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>MARCANTONIO MARCELO</u> <u>04-20-06</u> <u>786-290-3242</u> Signature and typed or printed name of signing officer or director _____ Date _____ Daytime Phone # _____						

40079257



01172006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0693991

Applied For
Not Applicable

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

FL

Zip Code