

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90414 002 ***150.00

DOCUMENT # P03000060624

1. Entity Name
MARC PRINTING AND GRAPHIC SERVICE GROUP, INC.



Principal Place of Business
**200 NORTHWEST 87 AVENUE
SUITE J 107
MIAMI, FL 33172 US**

Mailing Address
**200 NORTHWEST 87 AVENUE
SUITE J 107
MIAMI, FL 33172 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04092007 Chg-P CR2E034 (12/06)

4. FEI Number
02-0693991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCANTONIO, MARCELO B
8860 FONTAINEBLEAU BLVD., APT 108
MIAMI, FL 33172**

Name **MARCANTONIO MARCELO**
Street Address (P.O. Box Number is Not Acceptable) **200 NW 87 AVENUE APT J 107**
City **Miami** FL Zip Code **33172**

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

04-27-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MARCANTONIO, MARCELO B**
STREET ADDRESS **200 NORTHWEST 87 AVENUE SUITE J 107**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **FERNANDEZ, ANDREA M**
STREET ADDRESS **200 NORTHWEST 87 AVENUE SUITE J 107**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-07 - 786-3803242