


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90267 005 \*\*\*150.00

<b>DOCUMENT # P03000085045</b> 1. Entity Name <b>J. N. GRAPHICS INC.</b>					
Principal Place of Business <b>11477 NW 34TH ST. MIAMI, FL 33178</b>			Mailing Address <b>11477 NW 34TH ST. MIAMI, FL 33178</b>		
2. Principal Place of Business - No P.O. Box # <b>8840 SW 52ND ST.</b>		3. Mailing Address <b>8840 SW 52ND ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>		4. FEI Number <b>55-0842473</b>	
Zip <b>33165</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>DE LA CRUZ, EMILIO 11477 NW 34TH ST. MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DE LA CRUZ, EMILIO 8840 SW 52ND ST. MIAMI, FL 33165</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/30/08</b> Daytime Phone # <b>305 310-9228</b>		