

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2005-90199-032-\$150.00-\$150.00

DOCUMENT # P03000123097

1. Entity Name
CLASSIC PRINTING & GRAPHICS, INC.



FILED
05 JUN -9 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9810 N.W. 80TH AVENUE BAY 8-L
HIALEAH GARDENS, FL 33016

Mailing Address
9810 N.W. 80TH AVENUE BAY 8-L
HIALEAH GARDENS, FL 33016

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03012005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2407360
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERRERA, MILCIADES
5830 WEST 14TH AVENUE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERRERA, MILCIADES		NAME		
STREET ADDRESS	7166 WEST 29 WAY		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VELASCO, DIANA		NAME		
STREET ADDRESS	7166 WEST 29 WAY		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-2-05