

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000066304

1. Entity Name
WORKS DESIGN & PRINTING INC



Principal Place of Business

3970 N W 132 ST
H
OPA LOCKA, FL 33054

Mailing Address

3970 N W 132 ST
H
OPA LOCKA, FL 33054



04232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1033787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARZON, FELIPE SR
7841 N W 187 TERRACE
HIALEAH, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

4/27-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000558451
05/17/06-80092-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARZON, FELIPE SR
STREET ADDRESS	7841 N W 187 TERRACE
CITY- ST- ZIP	HIALEAH, FL 33015
TITLE	VP
NAME	GARZON, SANTIAGO SR
STREET ADDRESS	7841 N W 187 TERRACE
CITY- ST- ZIP	HIALEAH, FL 33015
TITLE	S
NAME	GARZON, KATHERINE MS
STREET ADDRESS	7841 N W 187 TERRACE
CITY- ST- ZIP	HIALEAH, FL 33015
TITLE	T
NAME	AREVALO, ANA MS
STREET ADDRESS	7841 N W 187 TERRACE
CITY- ST- ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4/27/06