

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90032 045 ***150.00

DOCUMENT # P04000119548 1. Entity Name PUENTES GRAPHICS, INC.					
Principal Place of Business 9952 S.W. 8 ST APT. #230 MIAMI, FL 33174			Mailing Address 9952 S.W. 8 ST APT. #230 MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 11021 NW 7 ST		3. Mailing Address 11021 NW 7 ST.			
Suite, Apt. #, etc. 104-9		Suite, Apt. #, etc. 104-9			
City & State Miami Florida		City & State Miami Florida		4. FEI Number 20-1506965	
Zip 33172		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33172		Country Dade		6. Name and Address of Current Registered Agent PUENTES, JOSE R 9952 SW 8ST APT #230 MIAMI, FL 33174	
7. Name and Address of New Registered Agent Name Puentes, Jose R Street Address (P.O. Box Number is Not Acceptable) 11021 NW 7 ST. 104-9 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 4/2/07.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUENTES, JOSE R 9952 SW 8ST APT #230 MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Puentes, Jose R 11021 NW 7 ST. #104-9 Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARDILA, HELGA AMALIA 9952 SW 8ST APT #230 MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Arzila, Helga Amalia 11021 NW 7 ST. #104-9 Miami, FL 33172	<input checked="" 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.					
SIGNATURE:			DATE 4/2/07.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		