

**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
Suite, Apt. #, etc.
104-9

3. Mailing Address
11021 NW 7 ST.
Suite, Apt. #, etc.
104-9

City & State
Miami Florida

City & State
Miami Florida

Zip
33172

Country
DADE

Zip
33172

Country
Dade

04022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1506965	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

PUENTES, JOSE R
9952 SW 8ST
APT #230
MIAMI, FL 33174

Name **Puentes, Jose R**

Street Address (P.O. Box Number is Not Acceptable)

11021 NW 7 ST. 104-9

City **Miami**

FL **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 *allan lau*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/2/07.**

**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

TITLE **PD**
NAME **PUENTES, JOSE R**
STREET ADDRESS **9952 SW 8ST APT #230**
CITY-ST-ZIP **MIAMI, FL 33174**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD Change Addition
Puentes, Jose R
11021 NW 7 ST. #104-9
Miami, FL 33172

TITLE **VD**
NAME **ARDILA, HELGA AMALIA**
STREET ADDRESS **9952 SW 8ST APT #230**
CITY-ST-ZIP **MIAMI, FL 33174**

Delete

VD Change Addition
ARDILA, Helga Amalia
11021 NW 7 ST. # 104-9
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *allan lau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

Daytime Phone #