

FILED Sep 11, 2007 08:00 AM Secretary of State

DOCUMENT # P0400014662 1. Entity Name JLDGRAPHICS INC.	20			Secretary of State
741 NW 56 ST - STE 16	Marling Address 741 NW 56 ST - STE 16 MIAMI, FL 33127			er verke biogra byddi bridd bries diwr brein bline bidde bedren i frwe
DO NOT WRITE IN THIS SPACE			07092007	No Chg-P
		CE	4. FEI Number Applied For 42-1650521 Not Applicable	
			5. Certificate	e of Status Desired
6. Name and Address of Current Registered Agent				
DEAN, JACQUELYN 741 NW 56 ST - STE 16 MIAMI, FL 33127 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 it applicable. (NOTE Registered Agent signature required when reinstating). DATE				
FiLE NOW!!! FEE IS \$150.00 Due by September 14, 2007	g. Election Campaign Final Trust Fund Contribution.	noing \$	5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRE	ECTORS	<u> </u>		
ITITE PD NAME DEAN, JACQUELYN STREET ADDRESS 741 NW 56 ST - STE 16 CITY-ST-ZIP MIAMI, FL 33127				(10000000000000000000000000000000000000
TITLE NAME STREET ADDRESS GITY-ST-ZIP	-			- 1,000000773794 09/11/07-80007-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-2IP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS				

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: SUPPLIED ON PRINTED MOME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1/4/87 786.683.6/19