

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 015 ***150.00

DOCUMENT # P05000054930

1. Entity Name
M.A. COLOR PRINTING PUBLISHING, INC.



Principal Place of Business
**7004 SW 4TH ST.
MIAMI, FL 33144**

Mailing Address
**7004 SW 4TH ST.
MIAMI, FL 33144**

40109586



2. Principal Place of Business - No P.O. Box #
718 EAST 24th ST.
Suite, Apt. #, etc.

3. Mailing Address
718 EAST 24 ST
Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33013
Country
USA

City & State
MIAMI FL
Zip
33013
Country
USA

4. FEI Number
20-2685880
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, ARIEL
7004 SW 4TH ST.
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name
MIGUEL CASALES
Street Address (P.O. Box Number is Not Acceptable)
9714 NW 127 TERACE
City
MIAMI FL Zip Code
33018

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.

MIGUEL CASALES

(NOTE: Registered Agent signature required when reinstalling)

April 27, 2007
DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ARIEL 7004 SW 4TH ST. MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIGUEL CASALES 9714 NW 127 TERACE MIAMI FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA T ALEIDA 718 EAST 24ST MIAMI FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

April 27, 2007 786-399-6491
Date Daytime Phone #