2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000084771

1. Entity Name
HYBRID IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
7227 NW 32ND STREET MIAMI, FL 33122	7227 NW 32ND STREET MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number 83-0433615	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BRACERAS, JOHN
7227 NW 32 STREET
MIAMI, FL 33122

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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 _____ owner _____ 1/11/08
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACERAS, JOHN
STREET ADDRESS	7227 NW 32ND STREET
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	
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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: _____ owner _____ 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #