


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000116864</b> 1. Entity Name <b>ACM BINDERY SERVICES, INC.</b>	
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Principal Place of Business <b>6210 SW 7 STREET MARGATE, FL 33068</b>	Mailing Address <b>6210 SW 7 STREET MARGATE, FL 33068</b>
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**DO NOT WRITE IN THIS SPACE**



05152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3347356</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MATOS, CIBELE L  
6210 SW 7 STREET  
MARGATE, FL 33068**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MATOS, CIBELE L 6210 SW 7 STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MATOS, CIBELE L 6210 SW 7 STREET MARGATE, FL 33068
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05/31/07-80002-014 150.00

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **5/13/07** **754/246-0710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #