
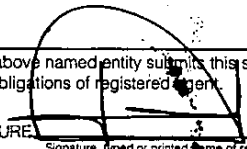
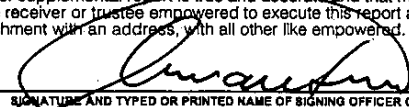


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90039 046 \*\*\*150.00

<b>DOCUMENT # P05000165584</b> 1. Entity Name FLORIDA PRINTING AND GRAPHICS SUPPLIES, INC.					
Principal Place of Business 7850 NW 32ND ST MIAMI, FL 33122			Mailing Address 7850 NW 32ND ST MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box # 4471 NW 36 ST		3. Mailing Address 4471 NW 36 ST			
Suite, Apt. #, etc. SUITE 201-B		Suite, Apt. #, etc. SUITE 201-B			
City & State MIAMI SPRINGS FL		City & State MIAMI SPRINGS FL			
Zip 33166		Country		Zip 33166	
Country		4. FEI Number APPLIED FOR 26-0214372			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CASTELLANOS, BRIGIDA 7850 NW 32ND ST MIAMI, FL 33122			7. Name and Address of New Registered Agent Name ARISTEGUIETA, JOSE Street Address (P.O. Box Number is Not Acceptable) 4471 NW 36 ST SUITE 201-B City MIAMI SPRINGS FL Zip Code 33166		
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:  JOSE ARISTEGUIETA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHACIN DE GARCIA, LERIZ A 7850 NW 32ND ST MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11260 NW 48 TERR. DORAL FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALDANA SAN JUAN, JOSE M 7850 NW 32ND ST MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11260 NW 48 TERR. DORAL FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA CHACIN, CATIUSCA C 7850 NW 32ND ST MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11260 NW 48 TERR. DORAL FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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: 			02/06/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		