## 2008 FOR PROFIT CORPORATION

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000040858  1. Entity Name CHANTIL GRAPHICS, INC.						04-09-200	08 90032 042	·***	150.00
Principal Place of Business Mailing Address					1				
678 NE 1ST STREET DANIA BEACH, FL 33004  678 NE 1ST STREET DANIA BEACH, FL 3			3004			660081		1 <b>8718</b> 1 12	11 <b>20)</b> N 1 <b>20</b> 1
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt, #, etc.			03122008	Chg-P	CR2E034 (1:	2/06)	
City & State		City & State			4. FEI Numbe	7628	12		plied For
Zip	Country	Zip Cou		itry	5. Certificate of	of Status Desired	□ \$8.7	5 Add	litional
	6. Name and Address of Current		7. Name and	Address of New R	tegistered Agent				
CIEDRA ANTONIO : 1				Name					
SIERRA, ANTONIO 678 NE 1ST STREET DANIA BEACH, FL 33004			Street Address (P.O. Box Number is Not Acceptable)						
<u> </u>				City FL Zip Code					
<ol> <li>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.</li> </ol>									
SIGNATURE									
Date.									
After May 1, 2008 Fee. will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS	3 IN 11
TITLE	SVTD	☐ Deleta	TITL	1			_ a	15UG#	☐ Addition
NAME STREET ADORESS	SIERRA, ILIANA :		NAM	E Et address					· ·
CITY-ST-ZIP	DANIA BEACH, FL 33004	•		-ST-2IP					ì
TITLE	PO	☐ Delete	TITLE				a	12nge	Addition
NAME	SIERRA, ANTONIO		NAM	· ,				-	
STREET ADDRESS	678 NE 1ST STREET DANIA BEACH, FL 33004			et adoress • St - 20°					
TITLE		☐ Delete	TITL	<del></del>	<del></del>		П с	2000	☐ Addition
NAME	,		HAM		•				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE		☐ Detete	TITU	L.			c	IZITO®	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
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NAME STREET ADDRESS			NAM	ET ADDRESS					ľ
CITY-ST-ZIP				-\$T-ZIP					
TITLE		☐ Detate	TITLE NAM	L.		· -		ange	Addition
STREET ADDRESS				ET ADORESS			•	•	
CITY-ST-ZIP				-S1-20P				_ •	
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 employered 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.									