


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90015 035 \*\*\*150.00

DOCUMENT # P07000048903			
1. Entity Name ANGELINA EXTREME BOAT GRAPHICS, INC.			
Principal Place of Business 670 NE 2ND PLACE HIALEAH, FL 33010		Mailing Address 670 NE 2ND PLACE HIALEAH, FL 33010	
2. Principal Place of Business - No P.O. Box # 19441 GULFSTREAM CUTLER RD		3. Mailing Address. SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CUTLER BAY, FL		City & State	
Zip 33157	Country USA	Zip 33157	Country USA
4. FEI Number 20-8958848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, YAROSLAN B 670 NE 2ND PLACE HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name YAROSLAN BARTUTIS Street Address (P.O. Box Number is Not Acceptable) 19441 GULFSTREAM CUTLER RD City CUTLER BAY FL Zip Code 33157	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, YAROSLAN 670 NE 2ND PLACE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTUTIS, YAROSLAN 19441 GULFSTREAM CUTLER RD CUTLER BAY FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6/30/08 Daytime Phone #: 305-321-9045	