

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000048903

**FILED**  
**Aug 13, 2008**  
**Secretary of State****Entity Name:** ANGELINA EXTREME BOAT GRAPHICS, INC.**Current Principal Place of Business:**19441 GULFSTREAM CUTLER RD  
CUTLER BAY, FL 33157**New Principal Place of Business:****Current Mailing Address:**670 NE 2ND PLACE  
HIALEAH, FL 33010**New Mailing Address:****FEI Number:** 20-8958848**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BARTUTIS, YAROSLAN  
19441 GULFSTREAM CUTLER RD  
CUTLER BAY, FL 33157 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARTUTIS, YAROSLAN  
Address: 19441 GULFSTREAM CUTLER RD  
City-St-Zip: CUTLER BAY, FL 33157

Title: V (X) Delete  
Name: FIGUEREDO, MIRTHA  
Address: 19441 GULFSTREAM CUTLER RD  
City-St-Zip: CUTLER BAY, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YAROSLAN BARTUTIS

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08/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date