

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122335

FILED
Jan 06, 2008
Secretary of State

Entity Name: JPEG GRAPHICS LAS VEGAS, INC.

Current Principal Place of Business:

402 - 14 STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

402 - 14 STREET
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERCUSON, DAVID
9130 SOUTH DADELAND BLVD #1800
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SASSON, PERRY
1906 N 44TH AVE
HOLLYWOOD, FL 33021 US

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: PERRY SASSON

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELIZEE, MORHANGES
Address: 601 NE 36 STREET, #2901
City-St-Zip: MIAMI, FL 33137 US

Title: S () Delete
Name: CEDRAS, RAOUL O
Address: 12108 QUILTING LANE
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP () Delete
Name: LEVINE, JUSTIN
Address: 14500 OCEAN BLUFF
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP () Delete
Name: ROBBINS, MICHAEL
Address: 6767 COLLINS AVENUE, #1509
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: T () Delete
Name: SASSON, PERRY P
Address: 1906 NORTH 44 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: SASSON, PERRY P
Address: 1906 N 44TH AVE
City-St-Zip: HOLLYWOOD, FL 33021 US

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: PERRY P SASSON

VP

01/06/2008

Electronic Signature of Signing Officer or Director

Date