

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 042 ***150.00

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1. Entity Name

M.D.R. PRINTING SERVICE, INC.



Principal Place of Business

**1169 S.W. 85TH COURT
MIAMI, FL 33144**

Mailing Address

**1169 S.W. 85TH COURT
MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL RIVERO, MIGUEL
1169 S.W. 85TH COURT
MIAMI, FL 33144**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEL RIVERO, MIGUEL
STREET ADDRESS 1169 S.W. 85TH COURT
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD
NAME DEL RIVERO, ANAY P
STREET ADDRESS 1169 S.W. 85TH COURT
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

4-30-07

Date

305 409-8770

Daytime Phone #