


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90081 004 \*\*\*150.00

**DOCUMENT # P96000003427**

1. Entity Name  
**SOUTH FLORIDA GRAPHICS CORP.**



Principal Place of Business  
**1404 S POWERLINE RD**  
**POMPANO BEACH, FL 33069 US**

Mailing Address  
**1404 S POWERLINE RD**  
**POMPANO BEACH, FL 33069 US**

2. Principal Place of Business - No P.O. Box #  
**6775 N.W. 15 Avenue**

3. Mailing Address  
**6775 N.W. 15 Avenue**


Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale Florida**

City & State  
**Ft. Lauderdale Florida**

Zip  
**33309** Country

Zip  
**33309** Country



01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0639232**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J.**  
**8030 PETERS ROAD**  
**BLDG D, SUITE 104**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

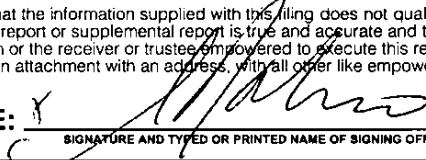
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OJALVO, SALOMON C</b> <b>2001 NE 214TH TERR</b> <b>NORTH MIAMI BCH, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OJALVO, DORITA</b> <b>2001 NE 214TH TERR</b> <b>NORTH MIAMI BCH, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**1/30/07** **984-917-0606**  
 Date Daytime Phone #