## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**SIGNATURE** 

## FILED Apr 02, 2008 8:00 am Secretary of State DOCUMENT # P96000069052 1. Entity Name 04-02-2008 90040 017 \*\*\*150.00 A C M SCREEN PRINTING, INC. Principal Place of Business Mailing Address 3056 NW 5TH STREET MIAMI FL 33125-4208 1932 NW 21ST TERRACE MIAMI FL 33125-4208 2. Principal Place of Business - No P.C. Box # 3. Mailing Adoress Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 65-0691505 Not Applicable $Z_{\rm ID}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUT!ERREZ. LUIS Street Address (P.O. Box Number is Not Acceptable) 1611 N.W. 19TH ST., #1 **MIAMI FL 33125** 8. The apove-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent eignatum required when reinstating) FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change Addition MORENO, MARIA NAME 1611 NW 19TH ST., #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 CITY-ST-7/P VΡ TITLE ☐ Change Addition GUTIERREZ, LUIS A NAME NAME 1611 NW 19TH ST #1 STREET ADDRESS STREET ADDRESS MIAMI FL\*33125 CITY-ST-ZIP CifY-SI-ZIP TILE Change ☐ Addition NAME GUTIERREZ, CARLOS D STREET ADDRESS 1611 NW 19TH ST #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI₽ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 pame appears in Block 10 or Block 11