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Secretary of State
04-22-2008 90027 028 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000000600

1. Entity Name
MOVIE, TELEVISION, & GRAPHICS CORP.

40076973

Principal Place of Business	Mailing Address
11010 NW 30TH ST STE 104 MIAMI, FL 33172	CCS 18277 P.O BOX 025323 MIAMI, FL 33102

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0886796 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	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 the registered agent.

SIGNATURE _____

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 12	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JARAMILLO, JOSE		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DELGADO, BETTY		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASAS, GABRIEL F		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHALMETA, JULIO		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GENTILE, MICHELLE		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GENTILE, MIRIAM P		NAME	
STREET ADDRESS	P O BOX 025323		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33102		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 11 with an address, with an asterisk, or upon an attachment with an address, with all other like empowered.

SIGNATURE: Jose Jaramillo 04/05/08 1-3054282252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #