**FILED**
**Apr 30, 2004 8:00 am**
**Secretary of State**
04-30-2004 90235 045 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000011746

1. Entity Name
ABDOR GRAPHICS CORP.

94074706

| Principal Place of Business | Mailing Address |
|---|---|
| 12213 S.W. 29 COURT<br>MIAMI, FL 33186 | 12265 S.W. 151 ST<br>(G-109)<br>MIAMI, FL 33186 |

04262004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12213 S.W. 129 CT. | 12274 SW 151 CT. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL. | City & State: Miami, FL. |
| Zip: 33186 Country: USA | Zip: 33196 Country: USA. |

4. FEI Number: 65-0902170 ☐ 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.<br>343 ALMERIA AVENUE<br>CORAL GABLES, FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 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 | PD<br>ABDOR, MARIO<br>12265 S.W. 151 ST., G-109<br>MIAMI, FL 33186 | ☒ Delete | PD<br>MARIO ABDOR.<br>12213 S.W. 129 CT<br>Miami, Fl. 33186 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DE ABDOR, CARMEN A<br>12265 S.W. 151 ST., G-109<br>MIAMI, FL 33186 | ☒ Delete | VD<br>DE ABDOR CARMEN A.<br>12213 S.W. 129 CT.<br>Miami FL 33186 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** MARIO ABDOR 04.26.04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #