2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 Al Secretary of State DOCUMENT # P99000020160 1. Enlity Namo ARIES GRAPHICS, INC. Principal Place of Business Mailing Address 3020 NW 75 STREET PO BOX 530902 MIAMI SHORES FL 33153-0902 MIAMI FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Numbor Applied For 65-0900479 Not Applicable Zip Country Zip 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 Name FONG, FREDERICK Street Address (P.O. Box Number is Not Acceptable) **3020 NW 75 STREET MIAMI FL 33147** City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9._Election Campaign Financing \$5,00, May, Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IIIkE ☐ Change ■ Addition FONG, FREDERICK C NAME NAME 3020 NW 75 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-7IP CITY-ST-ZIP me ☐ Delele RILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SL-70 FILLE ☐ Delete HILF Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Descrip

12. I hereby 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 roport 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.