2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED May 04, 2006 8:00 am Secretary of State DOCUMENT # P99000025527 1. Entity Name 05-04-2006 90244 030 ***150.00 INTERSTATE GRAPHICS, INC. Principal Place of Business Mailing Address 4250 NW 30 ST, 252 COCONUT CREEK FL 33066 1150 S W 10 AVE POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 4250 NW 30ST Suite, Apt. #, etc) 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0904009 Coc 1 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Brower o 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RONDONE, ANTHONY C Street Address (P.O. Box Number is Not Acceptable) 1150 S W 10TH AVE #201 W POMPANO BEACH FL 33069 Zip Code FI 8. The above hamed 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 if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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. 11. TITLE **PST** ☐ Delete TITLE Change Addition NAME RONDONE, ANTHONY C NAME STREET ADDRESS STREET ADDRESS 1150 S W 10TH AVE #201W CITY-ST-ZIP City-ST-78 POMPANO BEACH FL 33069 ☐ Defete Change TITLE TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR