2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

04-16-2007 90308 001 ***150.00
04-16-2007 90308 002 *****8.75

66012583

1st MOORE CR2E034 (10/06)

DOCUMENT # P99000025527

1. Entity Name
INTERSTATE GRAPHICS, INC.

Principal Place of Business	Mailing Address
4250 NW 30 ST #252 COCONUT CREEK FL 33066	4250 NW 30 ST, 252 COCONUT CREEK FL 33066

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
4521 W. McNAB Rd	SAME AS ABOVE	
Suite, Apt. #, etc.: Unit 24	Suite, Apt. #, etc.	
City & State: Pompano Bch, Fl	City & State	
Zip: 33069 / Country: Broward	Zip	Country

4. FEI Number 65-0904009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RONDONE, ANTHONY C~~
~~1150 S W 10TH AVE~~
~~#201W~~
~~POMPANO BEACH FL 33069~~

moved

7. Name and Address of New Registered Agent

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 registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PST RONDONE, ANTHONY C 1150 S W 10TH AVE #201W POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Rondone, Anthony C 4250 NW 30 St Street Coconut Creek Fl. 33066	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-1-07 954-444 7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #