2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 05, 2007 08:00 A Secretary of State DOCUMENT # P99000052194 1. Entity Namo G & G GRAPHICS, INC. Principal Place of Business Mailing Address 11300 NW 52ND ST. P. O. BOX 9897 **CORAL SPRINGS FL 33076** CORAL SPRINGS FL 33076 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0933150 Not Applicable Zip Country Zıp 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 Namo CHARRY, EUGENIO E Street Address (P.O. Box Number is Not Acceptable) 11300 NW 52ND ST. CORAL SPRINGS FL 33076 Zip Code 8. The above named onliry 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** MILE ☐ Delete TITLE ☐ Change Addition CHARRY, EUGENIO E NAME NAME 11300 NW 52ND ST. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 000000655859 CHARRY, EUGENIO E NAME NAME 03/14/07-80002-015 150.00 11300 NW 52ND ST. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY OF ZIP 011Y+01+31P TITLE Delete III1E □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete THLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IIIŒ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information surpled 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 leport 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 trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: