2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90089 001 ***150.00

DOCUMENT # P99000059385

1. Entity Name
D.E.B. PRINTING & GRAPHICS, INC.

Principal Place of Business	Mailing Address
4746B NE 12TH AVE. FT. LAUDERDALE, FL 33334	4746B NE 12TH AVE. FT. LAUDERDALE, FL 33334

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4010 NE 5th Terr.	4010 NE 5th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park FL	City & State: Oakland Park FL
Zip: 33334 Country	Zip: 33334 Country

4. FEI Number 65-0928901 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EICHNER, DAVID
4746 NE 11TH AVE
FT. LAUDERDALE, FL 33334

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 ____________________ 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, 2005 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHNER, DAVID 4746 NE 11TH AVE FORT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] DAVID EICHNER 04/27/2005 9543519886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #