

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90027 025 \*\*\*150.00

<b>DOCUMENT # P99000059385</b> 1. Entity Name <b>D.E.B. PRINTING &amp; GRAPHICS, INC.</b>					
Principal Place of Business <b>4010 NE 5TH TERRACE FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>4010 NE 5TH TERRACE FT. LAUDERDALE, FL 33334</b>		
2. Principal Place of Business - No P.O. Box # <b>6500 NW 15<sup>th</sup> Avenue</b>		3. Mailing Address <b>6500 NW 15<sup>th</sup> Avenue</b>			
Suite, Apt. #, etc. <b>#200</b>		Suite, Apt. #, etc. <b>#200</b>			
City & State <b>Ft. Lauderdale FL</b>		City & State <b>Ft. Lauderdale FL</b>			
Zip <b>33309</b>		Country <b>USA</b>		4. FEI Number <b>65-0928901</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent					
<b>EICHNER, DAVID 4010 NE 5TH TERR FT. LAUDERDALE, FL 33334</b>					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) <b>6500 NW 15<sup>th</sup> Avenue #200</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33309</b>					
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 <u><i>David G. Eichner</i></u> DATE <u>3/5/09</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHNER, DAVID <input type="checkbox"/> Delete 4010 NE 5TH TERR FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>6500 NW 15<sup>th</sup> Avenue #200</b> CITY-ST-ZIP <b>Fort Lauderdale FL 33309</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>David G. Eichner</i></u> DATE <u>3/5/09</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40043206



02202008 Chg-P CR2E034 (12/06)