

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90001 010 ***150.00

DOCUMENT # P99000062855

1. Entity Name
MARIA ALEXANDER PRINTING SERVICES, INC.



60044394

Principal Place of Business
**1738 PLUNKETT STREET
HOLLYWOOD, FL 33020-6446 US**

Mailing Address
**1738 PLUNKETT STREET
HOLLYWOOD, FL 33020-6446 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0943754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, MARIA
1738 PLUNKETT STREET
HOLLYWOOD, FL 33020-6446**

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: *Maria Alexander*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **6/10/08**

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ALEXANDER, MARIA**
STREET ADDRESS **1738 PLUNKETT S T**
CITY-ST-ZIP **HOLLYWOOD, FL 330206446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ALEXANDER, ROBERT D**
STREET ADDRESS **1738 PLUNKETT STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 330206446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Maria Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 6/10/08

Date

Daytime Phone # **954-673-7563**