

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S37978

Entity Name
FIRST IMPRESSION GRAPHICS, INC.



Principal Place of Business

8787 SW 134TH ST
MIAMI, FL 33156 US

Mailing Address

8787 SW 134TH ST
MIAMI, FL 33156 US



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0256580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSS, LOUIS DAVID
TWO DATRAN CENTER
1130 S. DADELAND BLVD SUITE 1218
MIAMI, FL 33156

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IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000396465
01/30/06-80011-014 150.00

OFFICERS AND DIRECTORS

NAME
DP
ROBSON, JIM
STREET ADDRESS
8787 S.W. 134TH STREET
CITY-ST-ZIP
MIAMI, FL

NAME
D
MAISA, GENE
STREET ADDRESS
8787 S.W. 134TH STREET
CITY-ST-ZIP
MIAMI, FL

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

James J. Robson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. ROBSON

1/4/2006 305-233-5414
Date Daytime Phone