

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90023 017 ***150.00

DOCUMENT # S50031

1. Entity Name

ADDED TOUCH DIE CUTTING CORP.



Principal Place of Business

5187 NE 12 AVE
OAKLAND PARK FL 33334
US

Mailing Address

5187 NE 12TH AVE
OAKLAND PARK FL 33334
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

4. FEI Number 65-0260281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHTON, EDWIN H
5187 NE 12TH AVE
OAKLAND PARK FL 33334

Name
ASHTON, ROSEANN
Street Address (P.O. Box Number is Not Acceptable)
5187 NE 12TH AVE
City **OAKLAND PARK** FL Zip Code **33334**

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

ROSEANN ASHTON

Roseann Ashton

2/27/2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DUNNE, ROBERT | |
| STREET ADDRESS | 5301 NW 37TH AVE | |
| CITY ST ZIP | MIAMI FL 33142 | |
| TITLE | PT | <input checked="" type="checkbox"/> Delete |
| NAME | ASHTON, EDWIN | |
| STREET ADDRESS | 5187 NE 12 AVE | |
| CITY ST ZIP | OAKLAND PARK FL 33334 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | ASHTON, ROSEANN | |
| STREET ADDRESS | 5187 NE 12 AVE | |
| CITY ST ZIP | OAKLAND PARK FL 33334 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | PTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ASHTON, ROSEANN | |
| STREET ADDRESS | 5187 NE 12TH AVE | |
| CITY ST ZIP | OAKLAND PARK, FL 33334 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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:

Roseann Ashton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/07 (954) 489-0222

Daytime Phone #