2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S92185

1. Entity Name
AMERICAN LABELS & GRAPHICS, INC.

Principal Place of Business	Mailing Address
1300 NW 29TH ST MIAMI, FL 33142 US	1300 NW 29TH ST MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE

04182007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0293255		Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, LAZARO R.
1300 NW 29 STREET
MIAMI, FL 33142

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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_____

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**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U000000721637 05/01/07-80153-018 150.00

10.	OFFICERS AND DIRECTORS	

TITLE	D
NAME	VALDES, LAZARO R.
STREET ADDRESS	1300 NW 29ST
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	VP
NAME	VALDES, MIRIAM B
STREET ADDRESS	1300 NW 29 ST
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #