# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2008**
**Secretary of State**

DOCUMENT# 495800

**Entity Name:** THIRD DIMENSION GRAPHICS, INC.

**Current Principal Place of Business:**

7020 S.W. 46TH ST.
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7020 S.W. 46TH ST.
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number: 59-1687501** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRODY, MARK
7020 S.W. 46TH ST
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSA ( ) Delete
Name: BRODY, MARK
Address: 7020 SW 46 ST
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete
Name: BRODY, JOAN,
Address: 7020 SW 46 STREET
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: BRODY, DAVID
Address: 7020 SW 46 STREET
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: BRODY, JEFFREY
Address: 7020 SW 46 STREET
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: BRODY, JENNIFER
Address: 7020 SW 46 STREET
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: BRODY, AMANDA
Address: 7020 SW 46 STREET
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BRODY PSA 03/02/2008

Electronic Signature of Signing Officer or Director Date