


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001612</b> 1. Entity Name <b>HASIDIGRAPHIX, INC.</b>	
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Principal Place of Business 9240 SABLE RIDGE CIRCLE #A BOCA RATON, FL 33428	Mailing Address 9240 SABLE RIDGE CIRCLE #A BOCA RATON, FL 33428
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1082563</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KESSLER, ROHN  
 9240 SABLE RIDGE CIRCLE, #A  
 BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KESSLER, ROHN 9240 SABLE RIDGE CIRCLE, #A BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSLER, NINAH 9240 SABLE RIDGE CIRCLE, #A BOCA RATON, FL 33428
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U00000776535  
 01/09/08-80029-007 61.25

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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 617, 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:** *[Signature]* **1/4/08** **561-859-4060**

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