

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90161 041 \*\*\*150.00

0314764 AV

**DOCUMENT # P01000027862**



1. Entity Name  
**NEW AGE GRAPHIC DESIGN, INC.**

Principal Place of Business  
**2728 SW 437 AVENUE  
MIAMI FL 33475**

Mailing Address  
**1117 SW 140 PL  
MIAMI FL 33184**



2. Principal Place of Business  
**2728 SW 137 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**1117 SW 140 PL**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-1084601**

Applied For  
 Not Applicable

Zip Country  
**33175 U.S.A.**

Zip Country  
**33184 U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, FLORA  
1117 SW 140 PL  
MIAMI FL 33184**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Flora Diaz*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/18/2003  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIAZ, FLORA 1117 SW 140 PL MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HERRERA, MONICA P 1117 SW 140 PL MIAMI FL 33184</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Flora Diaz* **Flora Diaz** 04/18/2003 (305) 546-5577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)