

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 025 ***150.00

DOCUMENT # P96000033012

1. Entity Name
 TRIALGRAPHIX - NEW YORK, INC.



Principal Place of Business Mailing Address

216 E 45TH STREET 155 N.E. 40TH STREET
 NEW YORK, NY 10017 US MIAMI, FL 33137

44022526



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0659046 Not Applicable

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

6. Name and Address of Current Registered Agent

STOLBERG, DAVID
 155 NE 40TH ST.
 MIAMI, FL 33137

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

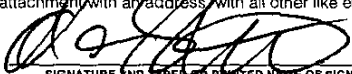
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	BPO
NAME	STOLBERG, STEVEN
STREET ADDRESS	155 N.E. 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	BSD
NAME	STOLBERG, DAVID
STREET ADDRESS	155 N.E. 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	BVPD
NAME	COHEN, DOUGLAS
STREET ADDRESS	2961 WENTWORTH
CITY-ST-ZIP	WESTON, FL 33332
TITLE	BVPD
NAME	ADLER, MATTHEW
STREET ADDRESS	2401 NE 12TH ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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:  **David Stolberg** 3/23/04 305-576-5400

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