


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90029 036 ***150.00

DOCUMENT # P98000076118

1. Entity Name
GRAFTON ENTERPRISES, INC.



Principal Place of Business
**8212 N.W. 91ST AVENUE
 TAMARAC, FL 33321**

Mailing Address
**7777 GLADES ROAD
 209
 BOCA RATON, FL 33434**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MAHONEY, ROBERT F CPA
 7777 GLADES ROAD
 SUITE 209
 BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

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

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

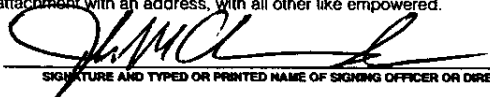
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHERVENAK, JOHN M	
STREET ADDRESS	8212 N.W. 91ST AVENUE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERVENAK, JOHN	
STREET ADDRESS	27 GRAFTON DR.	
CITY-ST-ZIP	MORRIS PLAINS, NJ 07950	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERVENAK, CECELIA A	
STREET ADDRESS	8212 N.W. 91ST AVENUE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Chervenak	
STREET ADDRESS	27 Grafton Dr.	
CITY-ST-ZIP	Morris Plains, NJ 07950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **4/6/04** **954-675-4335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #