


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90024 043 ***150.00

DOCUMENT # P98000076118

1. Entity Name
GRAFTON ENTERPRISES, INC.



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

Mailing Address
~~3801 N. FEDERAL HWY.~~
~~POMPANO BCH. FL 33064~~

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

3. Mailing Address
7777 GLADES ROAD
Suite, Apt. #, etc.
209

City & State
BOCA RATON, FL

Zip Country
33434 US



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MAHONEY, ROBERT F CPA
3801 NORTH FEDERAL HWY.
POMPANO BCH. FL 33064**

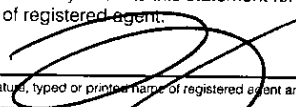
4. FEI Number **65-0861342** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name **ROBERT F MAHONEY CPA**
Street Address (P.O. Box Number is Not Acceptable)
**7777 GLADES ROAD
SUITE 209**
City **BOCA RATON FL** Zip Code **33434**

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  **ROBERT F. MAHONEY CPA** DATE **1/22/03**
(NOTE: Registered Agent signature required when reinstating)

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

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	
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	<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	
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:  **CHERVENAK** DATE **1/23/03** DAYTIME PHONE # **954-726-2204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)