


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2004 90006 024 ***150.00

DOCUMENT # S60633
 1. Entity Name
 TRIALGRAPHIX-MIAMI, INC.



Principal Place of Business: 155 NE 40TH STREET, MIAMI, FL 33137 US
 Mailing Address: 155 NE 40TH STREET, MIAMI, FL 33137 US

44022527



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0275197 Applied For: 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 STREET
 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	PD
NAME	STOLBERG, STEVEN
STREET ADDRESS	10392 HARRIER ST
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	SD
NAME	STOLBERG, DAVID
STREET ADDRESS	1001 NW 122 AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33323
TITLE	<i>BVPD</i>
NAME	COHEN, DOUGLAS A.
STREET ADDRESS	2961 WENTWORTH
CITY - ST - ZIP	WESTON, FL 33332
TITLE	<i>BVPD</i>
NAME	ADLER, MATTHEW
STREET ADDRESS	2401 NE 12TH ST
CITY - ST - ZIP	FT. LAUDERDALE, F 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 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 *David Stolberg* **David Stolberg** 3/23/04 305-576-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #