

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90165 001 \*1,050.00

**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~~

**66010098**



2. Principal Place of Business  
**3300 CORPORATE WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3300 CORPORATE WAY**  
 Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State  
**MIRAMAR, FL**  
 Zip **33025** Country **USA**

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 Zip **33025** Country **USA**

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~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3300 CORPORATE WAY**  
 City **MIRAMAR** **FL** Zip Code **33025**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOLBERG, STEVEN <del>155 NE 40TH ST</del> <del>MIAMI, FL 33137</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOLBERG, DAVID <del>1001 NW 122 AVE</del> FORT LAUDERDALE, FL 33323 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBORN, ERICA <del>155 NE 40TH STREET</del> <del>MIAMI, FL 33137</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, LYNN 10200 GRUGENS HILL ROAD, STE 350 THE WOODLANDS, TX 77380 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOARD, TROY 135 LASALLE ST CHICAGO, IL 606034131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, DAVID 135 LASALLE ST CHICAGO, IL 606034131 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 CORPORATE WAY</b> <b>MIRAMAR, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 CORPORATE WAY</b> <b>MIRAMAR, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 CORPORATE WAY</b> <b>MIRAMAR, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P PELISEK, DAVID</b> <b>777 E. WISCONSIN AVG.</b> <b>MILWAUKEE, WI 53202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PELISEK</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** STEVE STOLBERG **04/03/06** **(305) 576-5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #