

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 014 ***150.00

DOCUMENT # P94000059741

1. Entity Name
GR GRAPHICS, INC.



Principal Place of Business
3824 W SLIGH AVE
TAMPA, FL 33614 US

Mailing Address
3824 W SLIGH AVE
TAMPA, FL 33614 US

50009818



2. Principal Place of Business
1302 W Busch Blvd
Suite, Apt. #, etc.

3. Mailing Address
1302 W Busch Blvd
Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-3272472

Applied For
Not Applicable

Zip
33612 Country

Zip
33612 Country

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

6. Name and Address of Current Registered Agent

RAMADAN, GALAL
3824 W SLIGH AVE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name Galal Ramadan
Street Address (P.O. Box Number is Not Acceptable)
1302 W Busch Blvd
City Tampa FL Zip Code 33612

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)

1/27/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMADAN, GALAL	
STREET ADDRESS	9708 PORT COLONY WAY	
CITY-ST-ZIP	TAMPA, FL 33615	
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		
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
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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)(l), 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:

1/27/05 813-886-4500

Date

Daytime Phone #