

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487440

FILED
Sep 06, 2006
Secretary of State

Entity Name: GRAPHCOM PUBLISHING, INC.

Current Principal Place of Business:

1995 N.E. 150TH STREET
#107
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1995 N.E. 150TH STREET
#107
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-1628197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KEEFE, NEIL R
1075 N.E. MIAMI GARDENS DR
N. MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ULRICH, ROBERT
Address: 2003 NE 123 RD ST.
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: O'KEEFE, NEIL R
Address: 1075 N.E. MIAMI GARDENS DR.
City-St-Zip: N. MIAMI, FL 33179

Title: D () Delete
Name: WONG, NED
Address: PO BOX 192 N/A
City-St-Zip: ST ANN JAMAICA WI,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ULRICH

Electronic Signature of Signing Officer or Director

OWNE

09/06/2006

Date