2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F92445

Entity Name: GRAFITO, INC.

Current Principal Place of Business:

1713 E. SILVER SPRINGS BLVD
STE 1
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1713 E. SILVER SPRINGS BLVD
STE 1
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2247095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMAS, PEDRO A
640 NE 21ST AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

COMAS, PEDRO A
125 SE 14TH AVENUE
OCALA, FL 34471 US

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: 03/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: COMAS, NILDA S,
Address: 3003 NE FT KING ST
City-St-Zip: OCALA, FL

Title: PD ( ) Delete
Name: COMAS, PEDRO A,
Address: 640 NE 21ST AVE
City-St-Zip: OCALA, FL

Title: VTD ( ) Delete
Name: COMAS, WILFREDO A,
Address: 3003 NE FT KING ST
City-St-Zip: OCALA, FL

Title: SD ( ) Delete
Name: COMAS, MCCLEAF, JAQUELINE
Address: 640 N E 21ST AVE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: COMAS, DANIELLE,
Address: 640 NE 21ST AVENUE
City-St-Zip: OCALA, FL 34470

Title: PD (X) Change ( ) Addition
Name: COMAS, PEDRO A,
Address: 125 SE 14TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: VTD (X) Change ( ) Addition
Name: COMAS, CHRISTIAN ALF, RED SR
Address: 640 NE 21ST AVENUE
City-St-Zip: OCALA, FL 34470

Title: SD (X) Change ( ) Addition
Name: COMAS, MCCLEAF, JAQUELINE
Address: 125 SE 14TH AVENUE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO COMAS PD 03/19/2009
Electronic Signature of Signing Officer or Director — Date