

2005 AR

ANNUAL REINFORCEMENT BUSINESS REPORT (UBR)

DOCUMENT # F99000004753

1. Entity Name  
Graf Paige and Associates, Inc.

Principal Place of Business Mailing Address  
c/o Schallot C. Slade Corp Sec Same  
1170 NW 79 Street, 208-B Same  
Miami, Florida 33150 Same

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

FILED  
05 FEB 11 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MRS

6. Name and Address of Current Registered Agent  
Paige, Graf  
1170 N.W. 79 Street  
208-B  
Miami Florida 33150  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.  
SIGNATURE graf Paige February 7th, 2005  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
(See criteria on back) FILE NOW!!! FEE IS \$500.00 \$61.25  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  
25. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paige, Graf		NAME		
STREET ADDRESS	1170 NW 79 St 208-B		STREET ADDRESS		
CITY-ST-ZIP	Miami, Florida 33150	<input type="checkbox"/> Delete	CITY-ST-ZIP		
TITLE	DCS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Slade, Schallot C.		NAME		
STREET ADDRESS	1170 N.W. 79 St 208-B		STREET ADDRESS		
CITY-ST-ZIP	Miami, Florida 33150	<input type="checkbox"/> Delete	CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick H. Paige		NAME		
STREET ADDRESS	7819 NW 228th St		STREET ADDRESS		
CITY-ST-ZIP	Raiford, Florida 32026-4230	<input type="checkbox"/> Delete	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like or empowered.

SIGNATURE: graf Paige February 7th, 2005 (305) 694-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9676

CR2034 (11/00)