

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004753**

1. Entity Name  
**GRAF PAIGE AND ASSOCIATES, INC.**



Principal Place of Business

**C/O SCHALLOT C SLADE, CORP. SEC.  
1170 NW 79 STREET, 208-B  
MIAMI, FL 33150**

Mailing Address

**C/O SCHALLOT C SLADE, CORP. SEC.  
1170 NW 79 STREET, 208-B  
MIAMI, FL 33150**



03282006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**PAIGE, GRAF  
1170 N.W. 79 STREET  
208-B  
MIAMI, FL 33150**

**DO NOT WRITE  
IN THIS SPACE**

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

*Graf Paige*

**Graf Paige - President**

**April 5th, 2006**

Signature of officer or director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May 8a  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	POT
NAME	PAIGE, GRAF
STREET ADDRESS	1170 NW 79 ST, 208-B
CITY- ST- ZIP	MIAMI, FL 33150
TITLE	DCS
NAME	SLADE, SCHALLOT C
STREET ADDRESS	1170 NW 79 ST, 208-B
CITY- ST- ZIP	MIAMI, FL 33150
TITLE	DV
NAME	PAIGE, PATRICK H
STREET ADDRESS	7819 N.W. 228TH STREET
CITY- ST- ZIP	RAIFORD, FL 32026
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000500981  
04/25/06-80043-014 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:

*Graf Paige*

**Graf Paige - President April 5th, 2006**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone  
**(305) 694-9676**