

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004753

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: GRAF PAIGE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: PAIGE, GRAF  
Address: 1170 NW 79 ST, 208-B  
City-St-Zip: MIAMI, FL 33150

Title: DCS ( ) Delete  
Name: SLADE, SCHALLOT C  
Address: 1170 NW 79 ST, 208-B  
City-St-Zip: MIAMI, FL 33150

Title: DV ( ) Delete  
Name: PAIGE, PATRICK H  
Address: 7819 N.W. 228TH STREET  
City-St-Zip: RAIFORD, FL 32026

Title: DV ( ) Delete  
Name: PAIGE, THOMAS R  
Address: 1 HENDERSON ROAD 33  
City-St-Zip: LAKE PLACID, FL 33852

Title: DCS ( ) Delete  
Name: PEREZ, EFREN  
Address: 100000 CARRIBEAN BLVD  
City-St-Zip: MIAMI, FL 33189

**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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PAIGE

PDT

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date