

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 032 ***150.00

DOCUMENT # J74947

1. Entity Name

TRANSGRAPHICS II, INC.



Principal Place of Business

5321 S.W. 87TH AVE
COOPER CITY FL 33328

Mailing Address

5321 S.W. 87TH AVE
COOPER CITY FL 33328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2812604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONICA STEINMAN
5321 SW 87 AVE
COOPER CITY FL 33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STEINMAN, MONICA
STREET ADDRESS 5321 SW 87TH AVE
CITY-ST-ZIP COOPER CITY FL ~~33320~~ 33328

TITLE S ☐ Delete
NAME STEINMAN, JACLYN
STREET ADDRESS 5321 SW 87 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Monica Steinman MONICA STEINMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/05/04 954-401-0136

Attachment
54060419
T R A N S G R A P H I C S
JAN

The Link Between Concept & Print

July 5, 2004

Florida Department of State
Division of Corporations
Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: Annual Report Fee for TransGraphics 11, Inc.
59-281-2604

To Whom it May Concern:

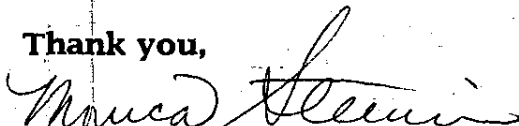
Unfortunately, I did not realize that I did not mail in my annual report with the fee until I received your Notice of Intent to Dissolve notice.

I mailed in for the annual report back in January and when we received it I was have testing done for cancer and my husband put the form with his papers. Unfortunately, he has epilepsy and sometime forgets things.

We have been an upstanding corporation for 17 years and pay our sale tax on time and other taxes on time. I feel terrible about this and hope that you can waive the late fee since it is such a large amount and I would never have gotten myself in this mess if it was not for my health.

I appreciate any help you can give me and please advise me of my status. Also, on the form you have my zip code wrong, it is 33328.

Thank you,



Monica Steinman
President