


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 046 ****55.00

DOCUMENT # L02000034570	
1. Entity Name GRAPHIQUE IMIGIS	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3711 NW 84 AVE.		3. Mailing Address 3711 NW 84 AVE.	
Suite, Apt. #, etc. SUITE 4A		Suite, Apt. #, etc. SUITE 4A	
City & State SUNRISE, FLORIDA		City & State SUNRISE, FLORIDA	
Zip 33351	Country USA	Zip 33351	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 51-0439496		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name OSWALD HUTCHINSON		
Street Address (P.O. Box Number is Not Acceptable) 3711 NW 84 AVE STE 4A			
City SUNRISE FL Zip Code 33351			

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 *O.K. Hutchinson* DATE **4/29/03**
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR OSWALD HUTCHINSON 3711 NW 84 AVE STE 4A SUNRISE, FL. 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *O.K. Hutchinson* **O.K. HUTCHINSON** **4/29/03** **954-5788908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)