

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077099

Entity Name: GRAPHIX ADVANTAGE USA LLC

FILED
Jun 03, 2009
Secretary of State

Current Principal Place of Business:

28 BROADWAY
OFFICE 205
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2824 BOATING BLVD.
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 75-3269157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKSH, IMAMUDIN
2824 BOATING BLVD.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

BAKSH, IMAMUDDIN
2824 BOATING BLVD.
KISSIMMEE, FL 34746 US

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: IMAMUDDIN BAKSH

06/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAKSH, SHERINA
Address: 2824 BOATING BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: BAKSH, IMAMUDIN
Address: 2824 BOATING BLVD.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BAKSH, IMAMUDDIN
Address: 2824 BOATING BLVD.
City-St-Zip: KISSIMMEE, FL 34746

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 is true and accurate and that my electronic 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: SHERINA BAKSH

MGR

06/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date