2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

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1. Entity Nan	MENT # L36342 um graphics of flo	RIDA, INC.			04-30-2004 9022		
Principal Plac	o of Rusinoss	Mailing Address				10M446	NA)
1380 SOUTHWEST 8TH STREET -1380 SOUTH		-1380 SOUTHWEST 6	O SOUTHWEST 8TH STREET		94	107412	3U
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1498 NW 3nd Staret Suite, Apt. #, etc.		Chg-P CR2	E034 (10/03)	
City & State		City & State Deen tield	Deen tield Beach Fr		894		oplied For
Zip	Country	Zip 33442	Country U.S.A		f Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Registered Agent		7. Name and /	ddress of New Registere	d Agent	
KRAFT, P. 2832 NE 2			Name Street Ad	dress (P.O. Box Number	s Not Acceptable)	· 	# 1 1 2 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I I. LAOD	ENDALL, I E 33303						
			City		F	— 1	
the obliga	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered		NOTE: Registered Agent signatur		DATE		and accept
	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$5			\$5.00 May Be Added to Fees			
10.	OFFICERS :	AND DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFICERS A	ND DIRECTOR	\$ IN 11
TITLE NAME STREET ADDRESS	DPS HERSHOWITZ, PAUL 1380 SW 8TH ST.	☐ Delete	TITLE Name Street address	DPS Henshtow 1498 NW	tz Paul and street	Change	Addition
CITY-ST-ZIP	POMPANO BEACH, FL.		CITY-ST-ZIP	Deentiold	Beach FL	334	42
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE	,	☐ Delete	TITLE NAME			☐ Change	Addition
NAME Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP				

12. Thereby certify that the information supplied with this hiting does not quality 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 rure 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SQUING OFFICER OR DIRECTOR

1/26/04 954 182 360