

FILED
Jun 01, 2004 8:00 am
Secretary of State


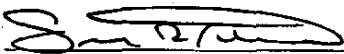
05-04-2004 90168 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66425148



04302004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000003669 1. Entity Name GRAPHIC DESIGN CONSULTANTS, INC.			
Principal Place of Business 780 NW LEJEUNE RD 427 MIAMI, FL 33126		Mailing Address 780 NW LEJEUNE ROAD #427 MIAMI, FL 33126	
2. Principal Place of Business 782 NW Lejeune Rd Suite, Apt. #, etc. #437 City & State Miami FL Zip 33126		3. Mailing Address 782 NW Lejeune Rd. Suite, Apt. #, etc. #437 City & State Miami FL Zip 33126	
4. FEI Number 65-0976175		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENTON, SERGIO R 780 NW LEJEUNE ROAD #427 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ECHÉZARRETA, MODESTO STREET ADDRESS 1740 S. BAYSHORE LANE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ECHÉZARRETA, DIANA STREET ADDRESS 1740 S. BAYSHORE LANE CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME Vice President Sergio R. Penton STREET ADDRESS 782 NW Lejeune Rd CITY-ST-ZIP Miami FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE:  Sergio R. Penton		Date 01/30/04	Daytime Phone # (305) 448-1362