

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-30-2004 90006 022 ***150.00

DOCUMENT # P00000005501

1. Entity Name
TRIALGRAPHIX-WASHINGTON D.C., INC.



Principal Place of Business
ONE THOMAS CIRCLE NW
WASHINGTON, DC 20005

Mailing Address
155 N.E. 40TH ST.
MIAMI, FL 33137



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0976438

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLBERG, DAVID
155 NE 40TH STREET
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STOLBERG, STEVEN
STREET ADDRESS 10392 HARRIER ST
CITY-ST-ZIP PLANTATION, FL 33324

TITLE SD
NAME STOLBERG, DAVID
STREET ADDRESS 1001 NW 122 AVENUE
CITY-ST-ZIP PLANTATION, FL 33323

TITLE VP
NAME COHEN, DOUGLAS
STREET ADDRESS 2961 WENTWORTH
CITY-ST-ZIP WESTON, FL 33332

TITLE VP
NAME ADLER, MATTHEW
STREET ADDRESS 2401 NE 12 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Stolberg

3/23/04

Date

305-576-5400

Daytime Phone #