Feb.27. 2004 11:54AM AmeriPath Corp Tax 561-712-7366

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Secretary of State
03-03-2004 90026 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050780

1. Entity Name
ACTION GRAFIX TEES, INC.

44015133

Principal Place of Business	Mailing Address
3911 SW 47TH AVENUE SUITE 908 DAVIE, FL 33314	3911 SW 47TH AVENUE SUITE 908 DAVIE, FL 33314

02272004 Chg-P

2. Principal Place of Business	3. Mailing Address
3904 SW 47th Avenue	3904 SW 47th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country	Zip: 33314 Country

4. FEI Number
65-1015173

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

BHASH LALTA BUSINESS SOLUTIONS, INC
8055 VIA HACIENDA
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 ... 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)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSAIN, MUSHTAQ 3911 SW 47TH AVENUE DAVIE, FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hussain, Mushtaq 3904 SW 47th Ave Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

150.00

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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mushtaq Hussain 2-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date