2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

ANNOAL REPORT							J J J	
DOCUMENT # P0000050780 1. Entity Name ACTION GRAFIX TEES, INC.						01-30-2006	90045 014 ***15	50.00
Principal Plac 3904 SW 47 DAVIE, FL 3	AVENUE	Mailing Address - 3904 SW 47 AVENUE- DAVIE, FL 33314		TEST	60008263			
D. WIL, 12 0	5511			 	 	 - 	() 16 1	
390	lace of Business 150 47 m Re		47+5	fro				
Suite, Apt. #, etc. #U09		Suite, Apt. #, etc.			01182006	Chg-P	CR2E034 (11/05)	
City & State		# UO 9 City & State			4. FEI Number 65-1015	173	 	oplied For
Žip	Country	Zip	Country		5. Certificate of		\$8.75 Add	litional
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
BHASH LALTA BUSINESS SOLUTIONS, INC					tog, r	1650in		
8055 VIA HACIENDA PALM BEACH GARDENS, FL 33418				daress ()	5.0 Nox Number	is Not Acceptable	Ave	
Name of the control o					409			
				ovi e	,		FL Zip Cod	رر و
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, good or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution.								•
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTORS	S IN 11
TITLE NAME	P HUSSAIN, MUSHTAQ	☐ Delete	TITLE NAME				∑ Change	☐ Addition
STREET ADORESS	3904-SW-47TH AVE		JAREET ADDRESS	39	01 SW	477	r Hue	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP					
TITLE NAME		☐ Delete	;;iLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME				Change	€ Addition
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE				☐ Change	Addition
NAME		La bolote	NAME					_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Defete	TITLE	_	- " "		☐ Change	Addition
NAME			NAME .					
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME Street Address			NAME STREET ADORESS					
			=					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _

SGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

ate

Daytime Phone #