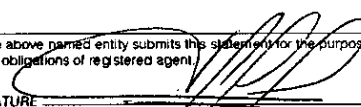
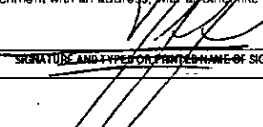


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91475 003 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052236			
1. Entity Name GRAFFEO USA, INC.			
Principal Place of Business 8180 N.W. 36TH STREET STE. 101 MIAMI, FL 33166		Mailing Address 8180 N.W. 36TH STREET STE. 101 MIAMI, FL 33166	
2. Principal Place of Business 13760 S.W. 88th ST.		3. Mailing Address 13760 S.W. 88th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country U.S.A.	Zip 33186	
Country U.S.A.			
4. FEI Number 65-1044382		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAFFEO, FRANCISCO 8180 N.W. 36TH STREET, STE. 101 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name GRAFFEO, FRANCISCO Street Address (P.O. Box Number Is Not Acceptable) 13760 S.W. 88th ST. City MIAMI FL Zip Code 33186	
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 		DATE	
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agents (you) are required when re-registering)			
FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFFEO, FRANCISCO 8180 N.W. 36TH STREET, STE. 101 MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GRAFFEO, FRANCISCO 13760 S.W. 88th ST MIAMI, FL 33186 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 partner 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 another like empowered.			
SIGNATURE: 		(305) 380-6390	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10088448



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)