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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90220 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000939

1. Entity Name
GRAPHIC ALLIANCE, INC.

Principal Place of Business	Mailing Address
6900 SW 21 CT #6 DAVIE, FL 33316	6900 SW 21 CT #6 DAVIE, FL 33316

DO NOT WRITE IN THIS SPACE

400053000

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1067282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~PEREIRA, JOSEPH JR 10300 S.W. 72ND ST #470G MIAMI, FL 33173~~

Dorene LaPadula
6900 SW 21st Ct #6
Davie, FL 33317

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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 Dorene LaPadula 4/26/06

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, 2006 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	LAPADULA, DORENE L
STREET ADDRESS	2996 MYRTLE OAK CIRCLE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	STD
NAME	LAPADULA, ROBERT F
STREET ADDRESS	2996 MYRTLE OAK CIRCLE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: Dorene LaPadula 4/26/06 954 915-8602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #