

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000001779

1. Entity Name
TARAGRAPHIX DESIGNS INC.



Principal Place of Business

16400 GOLF CLUB RD
BLDG 1-B #302
WESTON, FL 33326

Mailing Address

12717 WEST SUNRISE BLVD
#254 APT
SUNRISE, FL 33323



06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3689978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARA, TANIA
16400 GOLF CLUB RD
BLDG 1-B #302
WESTON, FL 33326

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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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000170162
08/16/04-80004-005 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSM
LARA, TANIA
16400 GOLF CLUB RD BLDG 1-B #302
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Tania C. Lara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04 954.385.5092
Date Daytime Phone #