2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 25, 2007 08:00 AM Secretary of State DOCUMENT # P01000066602 SERGRAPH CORPORATION Principal Place of Business Mailing Address 11270 NW 78 ST 11270 NW 78 ST MIAMI, FL 33178 MIAMI, FL 33178 CR2E034 (11/05) 04182007 No Chg-P DO NOT WRITE IN THIS SPACE Applied for 4. FEI Number 65-1118435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MELENDEZ VEGA, LLC 10511 N KENDALL DR SUITE C-203 IN THIS SPACE MIAMI, FL 33176 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PΠ POLANCO, MARIA VIVIAN NAME 11270 NW 78 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 VD TITLE GUARIN, IDALY E NAME ି 05/08/07-80073-029 iso.ଉ STREET ADDRESS 11270 NW 78 ST CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7/P TITLE

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 it 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 chapter or on an attraction built in an address with all officers.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED