FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90430 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110857

1. Entity Name

ENLIGHTENED GRAPHICS CORP.

2. Principal Place of Business	3. Mailing Address
544 SW 183 WAY	544 SW 183 WAY
PEMBROKE PINES, FL 33029	PEMBROKE PINES, FL 33029
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1625622 — ☐ Applied For ☐ Not Applicable

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

BALLESTAS & ASSOCIATES, INC.
7730 SW 68 TR
MIAMI, FL 33143

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/S/D NAME AGUDELO-SCHAEFER, MARIA STREET ADDRESS 544 SW 183 WAY CITY ST ZIP PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE V/D NAME SCHAEFER, KENNETH STREET ADDRESS 544 SW 183 WAY CITY ST ZIP PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY ST ZIP
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13. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)