

# FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000114406                      |  |
| 1. Entity Name<br>FMR GRAPHICS GROUP COMPANY |                                                                                   |

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>11520 SW 9TH CT<br>PEMBROKE PIES, FL 33025 | Mailing Address<br>11520 SW 9TH CT<br>PEMBROKE PIES, FL 33025 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1156168 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>RIVERO, MARY JO<br>3 SW 129TH AVE, SUITE 208<br>PEMBROKE PINES, FL 33027-1779 |
|--------------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

|                                                                                     |                                |
|-------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                     |
|----------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>VRABEC, TIMOTHY E<br>11520 SW 9 CT<br>PEMBROKE PINES, FL 33025 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>VRABEC, RITA J<br>11520 SW 9 CT<br>PEMBROKE PINES, FL 33025   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     |

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01/13/04-80006-013 150.00

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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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timothy E. Vrabec* TIMOTHY E. VRABEC 1-7-04 954-885-4088