

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90004 040 \*\*\*150.00

**DOCUMENT # P02000010553**

1. Entity Name  
**HEAVY GRAPHX, INC.**



Principal Place of Business  
**275 FONTAINEBLEAU BLVD., SUITE #100  
MIAMI, FL 33172**

Mailing Address  
**275 FONTAINEBLEAU BLVD., SUITE #100  
MIAMI, FL 33172**

40121633



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

06082007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**72-1520288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINLEZ, ROBERT  
4055 NW 2ND STREET  
MIAMI, FL 33126**

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. 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's signature required when registering)

DATE

6/19/07

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**P MARTINEZ, ROBERT  
STREET ADDRESS 4055 NW 2ND STREET  
CITY ST ZIP MIAMI, FL 33126**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

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 reports 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 #

6/19/07

305.228.2594

ATTACHMENT  
40121655  
#P02000010553

May 8, 2007

Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Heavy Graphx Inc.  
275 Fontainebleau Blvd.  
Suite 100  
Miami, FL 33172

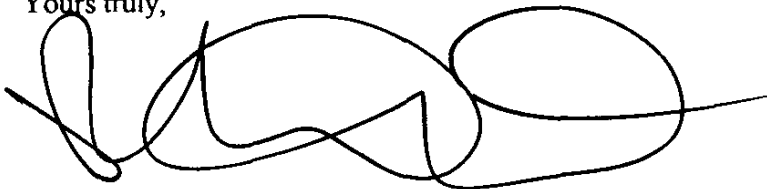
Gentlemen:

Enclosed is our 2007 For Profit Corporation Annual Report for the above corporation together with the check for \$150.00 for payment of same.

Please note that we did not receive any notice with respect to the annual report and respectfully request that the penalty be abated.

Thanking you in advance we remain.

Yours truly,

A handwritten signature in black ink, appearing to be 'Robert Martinez', with a large, stylized loop at the end.

Robert Martinez