

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91444 008 \*\*\*150.00

0410924 AV

**DOCUMENT # P02000053559**



1. Entity Name  
**AMERICAN GRADUATION CORP.**

Principal Place of Business  
**1500 SE 3RD CT. SUITE 111  
DEERFIELD BCH FL 33441**

Mailing Address  
**1500 SE 3RD CT. SUITE 111  
DEERFIELD BCH FL 33441**



2. Principal Place of Business

**5010 K Lighthouse Cr.**

3. Mailing Address

**5010 K Lighthouse Cr.**

CHECK HERE IF MAKING CHANGES

City & State  
**Coconut Creek, FL**

City & State  
**Coconut Creek, FL**

4. FEI Number  
**75-3056247**

Applied For  
 Not Applicable

Zip  
**33063**

Country  
**Flaward**

Zip  
**33063**

Country  
**Flaward**

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

6. Name and Address of Current Registered Agent

**NOGUEIRA, JOAO MARCELO R  
1500 SE 3RD CT, SUITE 111  
DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5010 K LIGHTHOUSE CR.**  
City  
**COCONUT CREEK** FL Zip Code  
**33063**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NOGUEIRA, JOAO M RUA RIO NEGRO #425, SANTA FE, PARANA BRAZIL, CEP: 86770-000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FAVARIN, SIMONE A RUA RIO NEGRO #425, SANTA FE, PARANA BRAZIL, CEP: 86770-000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DE JESUS KOWARSCH, CARLA P RUA PADRE GERMANO JOSE MAYER #810 BRAZIL, CEP: 87010-280</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/03**

Date Daytime Phone #

CFR2E034 (10/02)