

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 049 ***150.00

DOCUMENT # P02000109003

1. Entity Name
TRIALGRAPHIX, INC.



Principal Place of Business

155 NE 40TH ST
MIAMI, FL 33137

Mailing Address

155 NE 40TH ST
MIAMI, FL 33137

54024202



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0538152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLBERG, DAVID
155 NE 40TH ST
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D PD**
NAME
STREET ADDRESS
CITY - ST - ZIP
STOLBERG, STEVEN
155 NE 40TH ST
MIAMI, FL 33137

TITLE **D SD**
NAME
STREET ADDRESS
CITY - ST - ZIP
STOLBERG, DAVID
155 NE 40TH ST
MIAMI, FL 33137

TITLE **D VPD**
NAME
STREET ADDRESS
CITY - ST - ZIP
COHEN, DOUGLAS
155 NE 40TH ST
MIAMI, FL 33137

TITLE **D VPD**
NAME
STREET ADDRESS
CITY - ST - ZIP
ADLER, MATTHEW
155 NE 40TH ST
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

David Stolberg

3/23/04

305-576-5400

Date

Daytime Phone #