2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000120584 **DOCUMENT #**

1. Entity Name

JT GRAFX, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90164 018 ***150.00

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2. Principal Place of Business Sulfa, Apt. 4, ctc. City & State City & State Country Zip Country Zip Country S, Certificate of Status Desired SA. Fill Number Applied For Name SPIEGEL & UTRERA, P.A. 1640 SW 22ND ST. 411 FLOOR RAMIR I, 33145 City FL Zip Code Name Street Address (P.O. Box Number is Not Acceptable) Street Address of New Registered Agent The Loop of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Florids. Tam familiar with, and accept the obligations or series agent. SIGNATURE Signature, wash or paster agent age												
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name 7. Name and Address of New Registered Agent Name	City & State	e		City 8	City & State			FEI Number 16-16	38054			
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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: