FILED
Aug 08, 2005 8:00 am
Secretary of State

07-07-2005 90006 024 ***150.00
08-08-2005 90049 018 ***400.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003185

1. Entity Name
E GRAFIX PLUS, INC.

50060533

Principal Place of Business	Mailing Address
11775 SW 18TH ST., #3 MIAMI, FL 33175	11775 SW 18TH ST., #3 MIAMI, FL 33175
2. Principal Place of Business: 2113 NE 40TH AVE	3. Mailing Address: 2113 NE 40TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD Fl	City & State: HOMESTEAD Fl
Zip: 33033 Country	Zip: 33033 Country

07012005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1172356 ☐ 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
LORENZO, EDUARDO 11775 SW 18TH ST., #3 MIAMI, FL 33175	Name Street Address (P.O. Box Number is Not Acceptable) 2113 NE 40TH AVE City HOMESTEAD FL Zip Code 33033

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 X [signature] 6/30/05
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
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LORENZO, EDUARDO 11775 SW 18TH ST., #3 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2113 NE 40TH AVE HOMESTEAD Fl 33033	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 6/30/05 305-302-6492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #