

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 045 ***158.75

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1. Entity Name
P.D.I. GRAPHICS, INC.



Principal Place of Business

**1080 NW 53RD STREET
FT LAUDERDALE, FL 33309**

Mailing Address

**1080 NW 53RD STREET
FT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0801170

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADY, ROBERT M
1080 N.W. 53 STREET
FT. LAUDERDALE, FL 33309**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRADY, ROBERT
STREET ADDRESS	1030 NW 53RD STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	BRADY, WILLIAM M.
NAME	26 Parkgate Lane
STREET ADDRESS	Peachtree City, Ga. 30269
CITY-ST-ZIP	
TITLE	BOHRI, DR. JAMES, DAVID
NAME	5266 CREEKVEIW DRIVE
STREET ADDRESS	OREFIELD, PA. 18069
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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

1/21/06

Date

954-492-8185

Daytime Phone #