


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000081832 1. Entity Name G2 GRAPHICS, INC.	
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Principal Place of Business 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156	Mailing Address 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE

02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0068672	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, FRED E 9200 SO. DADELAND BLVD. SUITE 508 MIAMI, FL 33156

**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 date if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORDE, SUSAN 9200 S. DADELAND BLVD. #508 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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04/28/05-80072-009 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Forde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 719-533-1118
Date Daytime Phone #