

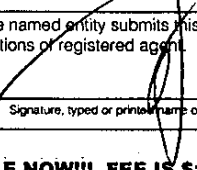
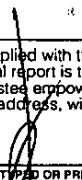


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 041 ***150.00

DOCUMENT # P03000156183 1. Entity Name GRAAM ENTERPRISES, INC.					
Principal Place of Business 2657 NE 189TH STREET NORTH MIAMI BEACH, FL 33180				Mailing Address 2657 NE 189TH STREET NORTH MIAMI BEACH, FL 33180	
2. Principal Place of Business 2075 NE 163 ST Suite, Apt. #, etc.		3. Mailing Address 2075 NE 163 Suite, Apt. #, etc.			
City & State N. Miami Beach, FL. Zip 33162 Country DADE		City & State N. Miami Beach, FL. Zip 33162 Country DADE		4. FEI Number 84-1635377 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CAMONES, MIGUEL A 8249 NW 36TH STREET SUITE 210 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name JAVIER OLKENITZKY Street Address (P.O. Box Number is Not Acceptable) 2075 NE 163 ST City N. Miami Beach FL Zip Code 33162	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04-08-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLKENITZKY, JAVIER CONCORDIA 2645 CAPITAL FEDERAL BUENOS AIRES-ARGENTINA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KALTMAN, JOSE L JUAN BAUTISTA ALBERDI 3908 BUENOS AIRES-ARGENTINA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZALTSMAN, AMELIA L CONCORDIA 2645 CAPITAL FEDERAL BUENOS AIRES-ARGENTINA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDDIE, DIANA G JUAN BAUTISTA ALBERDI 3908 BUENOS AIRES-ARGENTINA,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABERMANN, JORGE A 21399 MARINA COVE M-15 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					