

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 007 ***150.00

DOCUMENT # P04000010041					
1. Entity Name D3 GRAPHIC SOLUTIONS, INC.					
Principal Place of Business 5425 NW 49TH CT COCONUT CREEK, FL 33073			Mailing Address 5425 NW 49TH CT COCONUT CREEK, FL 33073		
2. Principal Place of Business 2219 W 80 STREET Suite, Apt. #, etc. 3		3. Mailing Address 7105 SW 8 STREET Suite, Apt. #, etc. 306			
City & State HIALEAH, FL Zip 33016		City & State MIAMI, FL Zip 33144		4. FEI Number 58-2682811	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COBAS, CHRISTIAN 5425 NW 49TH CT COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2219 W 80 STREET #3 City HIALEAH FL Zip Code 33016		
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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04.20.06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing <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	P COBAS, CHRISTIAN 5425 NW 49TH CT COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2219 W 80 STREET #3 HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V UCCIFERRI, FERNANDO 5425 NW 49TH CT COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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	
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 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: CHRISTIAN COBAS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04.20.06 305 2263443 <small>Date Daytime Phone #</small>		