## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 05, 2006 8:00 am Secretary of State 05-05-2006 90197 007 \*\*\*150.00

Principal Place of Business   Mesling Address   S42S MV 49TH CT   S42S MV 49TH CT   COCONUT CREEK, FL 33073	DOCUMENT # P0400010041  1. Entity Name D3 GRAPHIC SOLUTIONS, INC.						05-05-20	06 90197 (	007 ***15	0.00
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Second   February   Second		Δ							·	nation For
6. Name and Address of Current Registered Agent  COBAS, CHRISTIAN 5425 NW 49TH CT COCONUT CREEK, FL 33073  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 registery agent.  SIGNATURE  FILE NOW!!! PEE IS \$550.00 Due by September 6, 2006  9. Election Campaign Financing Trust Fund Contribution.  Date  FILE NOW!!! PEE IS \$550.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  COCONUT CREEK, FL 33073  Date  FILE  COCONUT CREEK, FL 33073  Delde  TITLE  MAKE  UCCIFERRI, FERNANDO SIRREI ADDRESS SIRREI ADR				L		1	-			
6. Name and Address of Current Registered Agent  COBAS, CHRISTIAN 5425 NW 49TH CT COCONUT CREEK, FL 33073  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$550.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE NAME CORNAL CREEK, FL 33073  OTH 51-2P  COCONUT CREEK, FL 33073  Delde  INIE NAME SIREE ADDRESS SIREE	Zip	Country		Country				ed $\square$		
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Street Address (P.O. Box Number is Not Acceptable)    22   W   80   STrCCT #3				Name				I rogistered	· · · · · · · · · · · · · · · · · · ·	<del></del> -
### Registered Agent Egnature   Programmed annity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registeryd agent.  ### Signature   Programmed agent agent and late if applicable   (NOTE Registered Agent agreature required when rematative)   DATE    ### COBAS, CHRISTIAN   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   UCCIFERRIL, FERNANDO   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   NAME   CHange   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   CHange   Addition   NAME   CHANGES   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   CHANGES   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   CHANGES   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   CHANGES   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   NAME   CHANGES   CITY-ST-ZIP   COCONUT CREEK, FL 33073   Delete   TITLE   CACONUT CREEK, FL 33073   Delete				Street A	ddress (	P.O. Box Numb	er is Not Accep	table)	-	
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. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the supported agent. Or both, in the State of Florida. I am familiar with, and accept the supported agent and secret the supported agent and secr							-	,	<del>-</del>	
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THE OBLIGATIONS OF registers agent.  SIGNATURE  Signature:  Signat	O The shave			) ***,H	IQL	Can			- I 33	<u>ا</u> ڪا (2)
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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: CHYISTIAN COBOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 2263443