

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90256 026 ***158.75

DOCUMENT # P04000027174	
1. Entity Name SIGNATURE GRAPHIX, INC.	

Principal Place of Business 7276 WOODMONT AVE TAMARAC, FL 33321	Mailing Address 7276 WOODMONT AVE TAMARAC, FL 33321
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2. Principal Place of Business Suits, Apt. #, etc. 7276 WOODMONT AVE	3. Mailing Address Suits, Apt. #, etc. 7276 WOODMONT AVE
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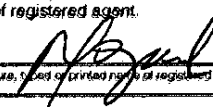
City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33321	Country U.S.A

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 06-1717168	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

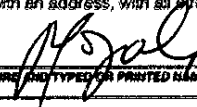
6. Name and Address of Current Registered Agent POPALI, RAVINDRA 7276 WOODMONT AVE TAMARAC, FL 33321	
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7. Name and Address of New Registered Agent Name RAVINDRA POPALI Street Address (P.O. Box Number is Not Acceptable) 7276 WOODMONT AVE, City TAMARAC FL Zip Code 33321	
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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  DATE 04.27.05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPALI, RAVINDRA 7276 WOODMONT AVE TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPALI, NATASHA 7276 WOODMONT AVE TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.	
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SIGNATURE: 	04.27.05 954.720.3342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #