


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 022 ***150.00

DOCUMENT # P04000111380					
1. Entity Name MASTERGRAPH GROUP, INC.					
Principal Place of Business 13415 SW WWND STREET MIRAMAR, FL 33027			Mailing Address 13415 SW WWND STREET MIRAMAR, FL 33027		
2. Principal Place of Business 13415 SW 22 ND ST			3. Mailing Address 13415 SW 22 ND ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIRAMAR FL			City & State MIRAMAR FL		
Zip 33027		Country		Zip 33027	
Country		4. FEI Number 16-1704948			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				04202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BARCENAS, PAULA 13415 SW WWND STREET MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name PAULA BARCENAS Street Address (P.O. Box Number is Not Acceptable) 13415 SW 22 ND ST. City MIRAMAR FL Zip Code 33027		
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 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D, P BARCENAS, PAULA 13415 SW WWND STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13415 SW 22 ND ST. MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T DOUVIS, ALESSANDRO 13415 SW WWND STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13415 SW 22 ND ST. MIRAMAR, FL 33027 <input checked="" 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	
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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	
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: <u>Paula Barcen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/05 (954)517-1887 <small>Date Daytime Phone #</small>		