


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90074 007 ***150.00

DOCUMENT # P05000017736		
1. Entity Name GRAPHIC ZONE, INC.		

Principal Place of Business 9450 EAST PALMETTO CLUB LANE PALMETTO BAY, FL 33157	Mailing Address 9450 EAST PALMETTO CLUB LANE PALMETTO BAY, FL 33157
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40041794



2. Principal Place of Business - No P.O. Box # 8000 SW 81ST DR	3. Mailing Address
Suite, Apt. #, etc. 407	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33143	Country U.S.A

03142007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0555011	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALES POLO, ALCIDES G 8000 SW 81ST DR #407 MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GONZALES POLO, ALCIDES G 8000 SW 81ST DR., #407 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: X  3/14/07
Signature and typed or printed name of signing officer or director Date Daytime Phone #