## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000022208  1. Entity Name CUSTOM GRAFIK WORX INC.							02-20-200	06 90029 011 ***1.	50.00
Principal Place	e of Business	······································	Mailing Address	1	\ <del>- ,</del>	†	60019	720	
4507 POLK S		,	4507 POLK ST				00010	1 100	
HOLLYWOOD,		US	HOLLYWOOD, FL 33021 US						•
HOLE (NOO),	,	50							
2. Principal Place of Business			3. Mailing Address						
Suite Apt. # etc. 1911 SW. 31st Ave.			Suite, Apt. #, etc.			02032006	Chg-P	CR2E034 (11/05)	
Rembroke Park, Fl.			City & State		4. FEI Numbe 65-0	84610	<b>6</b> No	plied For It Applicable	
3300		Country	Zip	Count	try		of Status Desired	\$8.75 Add	
-	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New I	Registered Agent	
CURRIER, HAROLD					Name				
4507 POLK ST					Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWO	OOD, FL 3	33021							
					City			FL Zip Cod	e
	named entiti ions of regis		or the purpose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of F	lorida, 1 am familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title & applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)	***************************************	DATE	•••••
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees		,	
10. ,		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
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NÂME	l	R, HAROLD		NAM	· I				
STREET ADDRESS 4507 POLK ST					EET ADDRESS				
CITY-ST-ZIP	HOLLYW	OOD, FL 33021							
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Indicated on this report of supplied with runs uning does not quality for the exemptions contained in Chapter 119. Florida Statutes, if further certify that the information indicated on this report of 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 305-778-6869